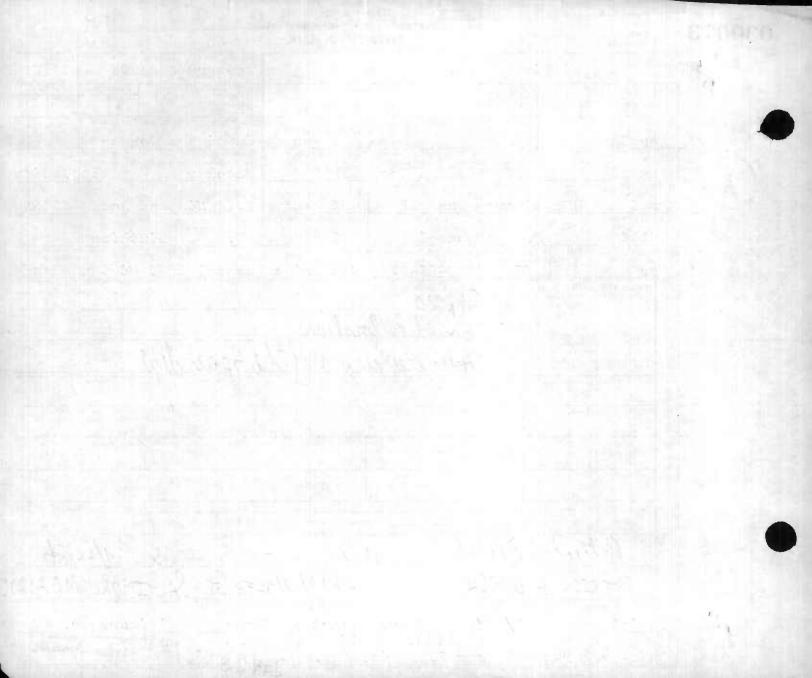
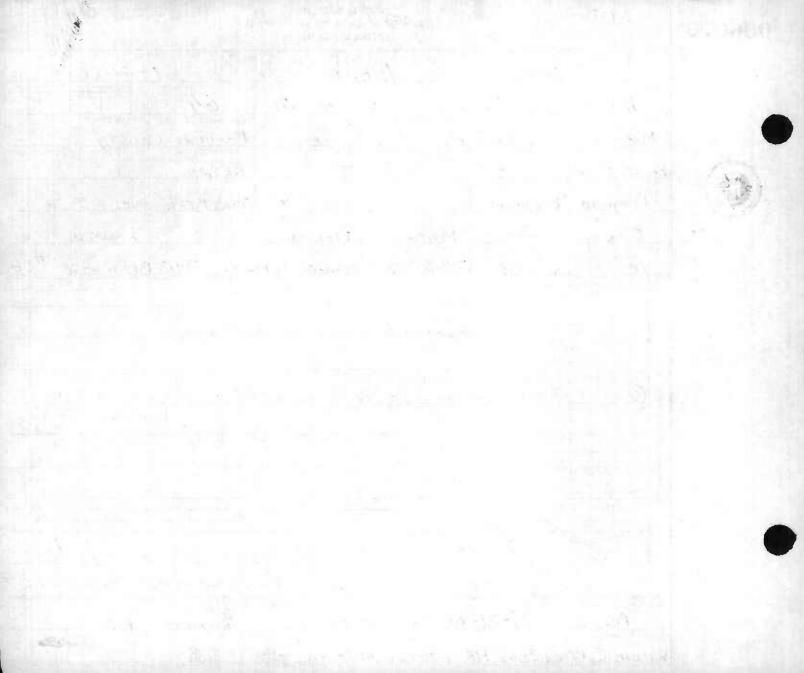
030073	1-	FOR STATE REGISTRAR			DEPAR		EALTH AND MENTAL H		EG. NO.		
			FIRST		WIDDLE		AST	20. DATE OF DEA		DAY YEAR	26 HOUR
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moy be	3. SE		4	RACE		5. DATE C		6 AGE (IN YEARS)		IF UNDER 1 YEAR	IF UNDER 24 HRS
ctor.	1	Male		White	e	May		6.9	YRS.	MONTHS DAYS	HOURS MIN.
dire hour	10. B	RTHPLACE (STATE OR FO	REIGN 76	CITIZEN OF	WHAT COUNTRY	/2 8		D BALTIMORE	ITY OR COUNTY	OF DEATH	
25 25	M	aryland	-	USA		MARRIE	DIVORCED	Baltin	ore Cou	untu	MI
fun thir		ITY OR TOWN OF DEAT	H 1	. NAME OF		ING HOME	OR OTHER INSTITUTION	120 USUAL OCC	UPATION	126. KIND O	F BUSINESS OR
612		undalk		(15 NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 1938 Midland Road		Road	21222	Teache	MOST OF WORKING LIFE ${m 2}$	Balt	
1 Jan	130. 9		36 COUNT	more	13c. CITY OR TO	WN	13d INSIDE CITY LIMITS?		RESS / ZIP CODE	Road	21222
other 2 sh	-	ATHER'S NAME	7 (10)				15 MOTHER'S MAIDEN	VAME			
y puble on w	W	illiam	F.	DDIE	Macneal		$Elm\alpha$	S.	Tin	thicum	
d corte	160 \	WAS DECEASED EVER IN	U.S. ARMI	ED FORCES?		CURITY NO.	17. INFORMANT		ADDRESS		1222
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phys pap pap pap pap			CAUSE OF DEATH (Enter only one couse per like for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)								JAMES HING DEHTS
cert ng ng rbon r ren		1/	MMEDIATE		27 ps	1 1 0	+.				
tend tend on, o		Conditions if any	. Lea	DUE TO, C	OR AS A CONSEC	UENCHOF /	mallan)				
e of mov		Conditions, if any, gave rise to imme	diote	(b)_	130000	1 1 mg	II	1 1	11		
y th yy th se re crer other		couse (a), stoting underlying couse		DUE TO, C	DR AS A CONSEC	UENCEOF	IMMILIATE	MAHRODO	will		
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y in the	CERTIFICATION	19a DATE OF OPERATION	ON	196 CONE	DITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY	? 20b. IF YES	S, WERE FINDIN	VGS USED
no. no perm	FFC							YES NO	_	YING CAUSES	OF DEATH?
sicio sicio y y gie	ERT	21g. ACCIDENT WAS UNDER	RLYING	21b. TIME 0	OF INJURY		21c HOW INJURY OCC		_		1.0
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rysicia ding ph s certifi burial-t Mentol	MEDICAL	(IF EITHER NOTIFY MEDICA			OF INJURY	19	211 LOCATION				
r this the bu	ME	WHILE NOT WHILE		(AT HOME S	TREET, FACTORY, OFFIC	E. FARM, ETC)	STREET	CIT	YORTOWN	COUNTY	STATE
Afte Afte		AT WORK AT WORK		b l = l .) - 1, 1 f					10	
T USS Hee		22a.1 certify that (1) (1 saw the deceased		i) ottended t	ne deceosed from		nd that in (my) (our) apinic	on death accurred on		19,	
R ATTEN hospital RECTOR ned for u		obove, (I) (we) (die		view the bod	y ofter death		DEGREE	on additi deeding on	The dole ond hoo	22c DATE	
the Did H		Pritre	NA	RIN	NN	ſ	ATTENDING	MEDICAL DIRECTOR DE	STAFF	1/1	(154)
O HOSPITA etained by TO FUNERA should be de with the Stat MPORTANI		22d. PHYSICIAN'S NAM	AE (TYPE OR P	RINT)	1.1		22e ADDRESS	La Ca	0.	1/	100
TO HOSP etoined k TO FUNE should be with the S		PATRIC	KA	BUK	H		800 VW	OLFE ST.	DALTI	110KB	MOH.
Of of Mark Mark		BURIAL, CREMATION, RI	EMOVAL	23b. DATE	23	. NAME OF C	EMETERY OR CREMATOR	Y 23d. LOCATIO		COUNTY	STATE
BP	B	urial		1/27			Heart of	Jesus	Baltin	more C	o. MD
DHMH - 16 60M 7/B4	24 F	UNERAL DIRECTOR			Balto	. MD	21222 250.0	DATE REC'D. BY REGIS	TRAR 256 RECISI		4) 0.00
(VPA 15 4)	D	11 da Duale	Frino.	na7 H	ADUKES:			75 40 M	28 Chan	BOLK GARA-	Saidness 7



036076	1- STATE REGISTRAR 2-10-86 DIW DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH
age 4 may be rectar, page 3 urs after death	1. DECEASED NAME FIRST MIDDLE LAST LAST LAST LOVE OF PRINT) TSAIAN 3. SEX MALE BLACK LAST
eoth. P	70. BRITHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND 10. CITY OR OWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY OR CO
MARYLAND 2120	USUAL RESIDENCE (IF NURSAGE HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 STATE 137 COUNTY 136 CITY OR TOWN 136 INSIDE CITY LIMITS? 7413 BERCH AVE. 2#06 14 FATHER'S NAME FIRST MIDDLE LAST MAITH MELINDA LAWSON
aLTIMORE, e be execution and ers. Page the medic	166 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 16 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 7413 BEECH AVE 18 CAUSE OF DEATH lEnter only one cause per line for (a), (b), and (c),
RECORDS, 201 W. PRESTON ST., low requires that the death certifus os been signed by the attending planning then please remave carbange prior to burial, cremation, arremite yeary injury, or other traumatic eve	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carchopulmunary DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF CONDITION OF AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED 196 DATE OF OPERATION 197 DATE OF OPERATION 198 DATE OF OPERATION 199 DATE OF OPERATION 199 DATE OF OPERATION 190 D
DIVISION OF VITAL NG PHYSICIAN: The offer this certificate has the buriol-transit phond Mental Hygier than deed or frem 18 show	TO RECONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 217. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 217. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 218. TIME OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 219. TIME OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 212. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 217. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 218. TO STREET (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
ITAL OR ATTENDI by the hospital or by the hospital or DRECTOR. A e detoched for use store Dept. of Heal	220.1 certify that (I) (this hospital) attended the deceased fram
TO HOSP retained TO Flux should by with the With	LARRY SmITH 9000 Franklin DQUAVE Vrive, Baltimore, MD 2123; 130 BURIAL, CREMATION, REMOVAL 131-86 GARRISON FORREST 1-31-86 GARRISON FORREST BALTIMORE: Md.
DHMH - 16 50M 1/76 (VR A 15 (4))	BURIAL 1-31-86 GARRISON FORREST BALTIMORE Md. 24 FUNERAL DIRECTOR NAME WILLIAM C. BROWN Comm. F/H 1206-08 W. NORTH AVE., FFB 0 3 1986



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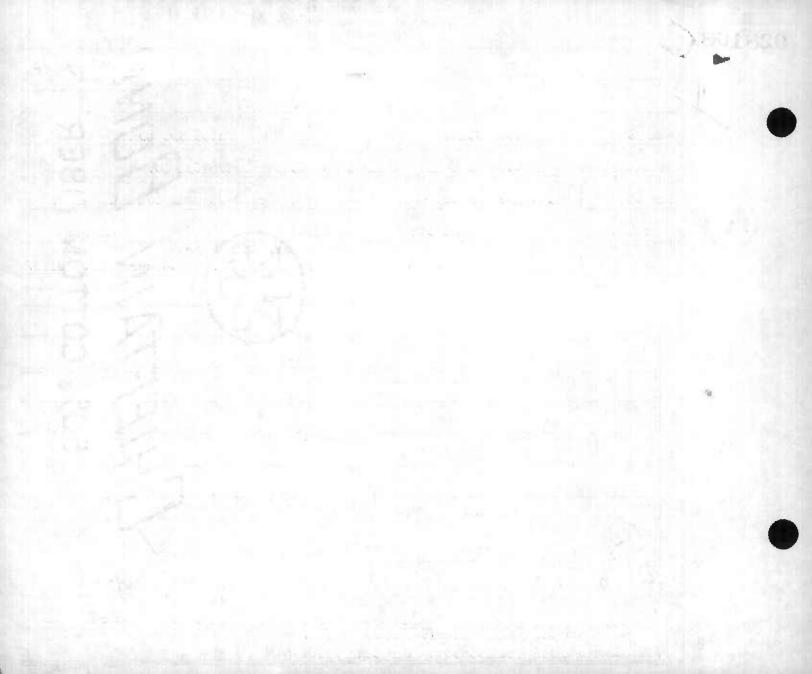
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U X		CDVI	CEASED NAME E OR PRINT)	PATRI		MIDDLE		A LONG	У	20 [PATE KNOWN OF ESTI- EATH MATED	MONT	DAY 19	YEAR 19 86	26 HOUR
	SSSARY, PLEASE RAL DIRECTOR. R. YOUR FILES. HIN 72 HOURS ESTON STREET,		ale	White	Feb. 19	1949	12 BIRTHDAY) YRS.	FUNDER 1 YR.			DATE PNOUNCED DEAD	MONTH	19	1986	28 HOUR
D	NECESSARY, UNERAL DIR 5 FOR YOU WITHIN 72 W. PRESTON	M	ichigan		USA	S CITIZEN OF WHAT COUNTRY? USA MARRIED WIDOWED									MD.
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	M	iddle Ri	ver	IF NO INSTEA	NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NO INSTITUTION TYPE OF WORK PLANTING TO THE PROPERTY OF MANAGER					1	Structure			
. 21201	RETAIN HOULD B	1303	aryland	IN NURSING HOME	or other institution, GI Utimore		PORE ADMISSION)	T3d INSIDE	CITY LIMITS?	13e. STREET	ADDRESS tarwood	l Cour		1220	,
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD.	GESTH. GEST, 22 APPM 33 APPM 33			Villiam		J. Maloney LAST				C)	nolock			LAST	
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PRESTO	WITHIN 24 INCIL IN IT AINER ALC TRANSIT P VIAL HYGI	AATION, OR REMOVAL.		if any, which		AS A CONSE	QUENCE OF	we.	fire		March 1				
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CORDS	ULD BE EXECU "PENDING" II EF MEDICAL E ED AS A BURI HEALTH AND AL, CREMATIO	NO	PART 2 DTHER SIGN	FICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMINAL (ISEASE OR CONDITION	ION GIVEN IN PART	1 (0)					
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ONOF	THE WOOD THE COULD BOULD	CAL CER	210 EXTERNAL UNDERLYING	OR	HOUR A.M	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19								A	
DIVISIO	E, WRITING RWARDED T: PAGE 3 SH STATE DEPA 21 201 PRICE	MEDIC	21d INJURY OC WHILE	CURRED	21e PLACE C	OF INJURY	(AT HOME. 2T	LOCATION STREET	TAR Way		Y OR TOWN D.A	1270°	d M	. 2.1	STATE
	INER: THE STAND ST	9	22a I certify that I took charge of the remains described above, held an Autapsy . Inspection Inquiry . and in my opinion												
7	E CERTIFO BIOLOGIC BI		death resulted ACTUAL SIGNATURE	J.C.	Han O	Accident D	, Suicide		SPECIFY	Undetermin		J,	1	/14/	26
	TO MEDICAL EXAMINER EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOR TO FUNKAL DIRECTOR AFTER DEATH, WITH THE BALTIMORE, MARCAND		EXAMINER'S NA	ME J. CR	COSSAN O	DONOV	m	ADDRESS	2112	arial	EXAMINER L	SIGN Bo	ny opinion		
07/84	BA-TA-REGO	1 144	JRIAL, CREMATIC		1/23/86		ME OF CEMETER	Y OR CREMAT		23d. LOCAT CITY OR TO	ren, Oh	, co	VINTY	STA	TE
25M	DHMH - 17 (VR A15 ME (5))	14. FI	DRECTO	6 00	Nome P	E.			250 DATE RE	21	ISTRAR 156 ARE	GISTRARS	HGNAT	AST CONTRACTOR	En .
					- for		914	93	10000		- 14				

THE PROPERTY OF STREET STREET, Hale Witte Feb. 17 1943 Lt. VJaros Promitrias XX Land- regards hasts may a finish a month of all a fine field X B terwood Courts 21220 owners .. mellim to the court of th old , merris transcer comes as we down to the light 10 M To he are more to the total at each Critical to

STATE OF MARYLAND





7134	1-	FOR STATE REGISTRAR		DEPARTI	MENT OF HE	ALTH AND MENTA CATE OF DEATH		REG.	NO.	5	
page 3			ERNICE	C.	las N	ARKOWITZ	20.	JANUAR)	1	6	7:45 PM
	3. SE		4. RACE		5 DATE OF	BIRTH YEA		AGE (IN YEARS LAST	ARTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
director nours aft		FEMALE		JCASIAN	APR		31	54	YRS.		
27 0 G		RTHPLACE (STATE OR FORE COUNTRY) MARYLAND	П.	76 CITIZEN OF WHAT COUNTRY?		MARRIED A NEVER MARRIED WIDOWED DIVORCED			ORE CO	UNTY	MD.
No.	0	TY OR TOWN OF DEATH	202 C	EDARMERE (CIR 21	OTHER INSTITUTIO		USUAL OCCUPA PE OF WORK FOR MOS HOUSEWII	TOF WORKING LIF	E) INDUSTRY	HOME
16	13a S	AL RESIDENCE (IF NURSING TATE 131 MARYLAND	HOME OR OTHER INSTITUTION COUNTY BALTO	13t. CITY OR TOW	MILLS	3d. INSIDE CITY LIM YES NOXI	X :	STREET ADDRESS			17
examine A	14 FA	THER'S NAME FIRST SAMUEL	MIDDLE	LAST SHEE!		5. MOTHER'S MAIDI FIRST SON:		MIDDLE		PA	CHINO
medical		VAS DECEASED EVER IN 165, NO OR UNKNOWN) (1	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	214-30-		MR. DANII	EL MAI			NGS MI ARMERE	
ou ou ou o		Conditions, if any, w gave rise to immed couse (a), stating	hich (b)_	DR AS A CONSEQUI							
vs any injury,	CERTIFICATION	PART 2 OTHER SIGNIFI		DITION FOR WHICH				L DISEASE OR CO	20b. IF YES	, WERE FINDS	NGS USED S OF DEATH?
Hem 18 shov		210, ACCIDENT WAS UNDERL OR CONTRIBUTING CAU	SE OF DEATH HOUR A	OF INJURY A.M. MONTH D.	19	21¢ HOW INJURY C	DCCURRED	YES NOW	JURY IN ITEM 18 P		но 🗌
rked ar	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOME S	OF INJURY TREET FACTORY, OFFICE F		211 LOCATION STREET		CITY OR	IOWN	COUNTY	STATE
121 is me		27a. I certify that (1) the sow the deceased above (1) (did)	is hospital) attended to alive an Deco. (did nat) view the bod		50, ond	that in (Our) o	80 opinian deat	tototothe	date and hav	19 86.	that (b) (we) last couses stated
Her Hear		226 SIGNATURE 22d PHYSICIAN'S NAME	itin al	heloff	N	GREE ATTEND PHYSIC 22e ADDRESS	DING N	NEDICAL ST IRECTOR PHYS	AFF SICIAN []	1/5	SIGNED 86
IMPORTANI			K ABELOFF				ULGRA	VE AVE.			
≤	230 E	URIAL, CREMATION, REA				METERY OR CREMAT		23d LOCATION CITY OR TOWN BALTO		COUNTY	MD STATE

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

250. DATE REC'D.

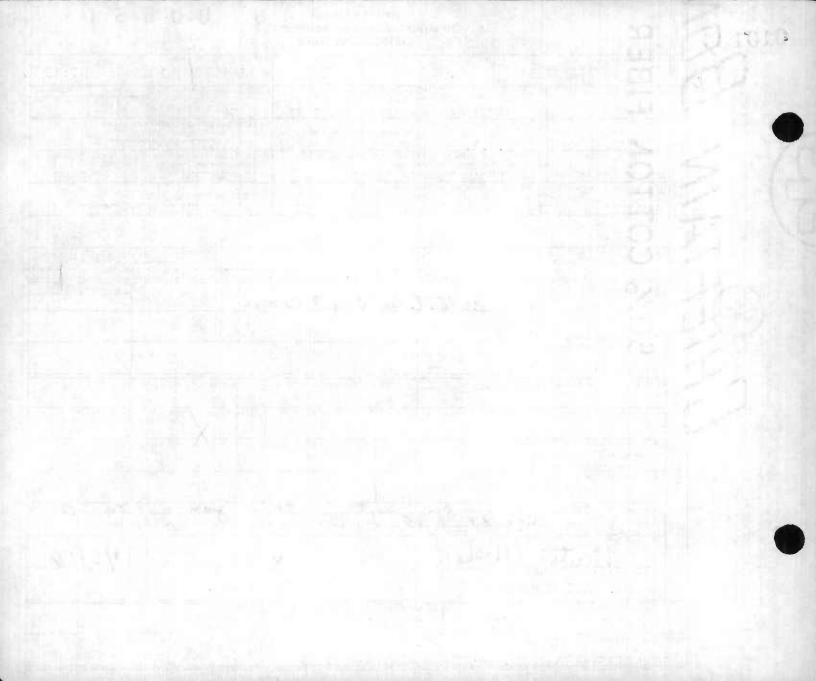
DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

SOL LEVINSON &

6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215

BROS., INC.



Mitchell-Wiedefeld Home 6500 York Rog

1 - STATE

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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and the second of the second o Total Lett t (65 often total total total rydraet exemidiae of the - Indianancia buck because the age if in RETIRES DECEMBER 151 - 1 salion for the colds which while . De ille sonse ofte gifting saterille sence salling.

Picture of the contract of the

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CEI	RITHICATE OF DEATH	REG. NO.	
	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	James	s A. Masso	n	January 12,1	986 6:41рм
	3 SEX		ATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Male	Cau.	1 29 23	62 YRS.	DATO HOOKS HAVE
	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8.	RRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
5	Md.		OWED TO DIVORCED	Baltimore	County MD.
1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HO		120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
1	Balto.	Franklin Square Ho		Retired	
	At RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMIS	113d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COD	
E	Md.	- Balto.	YES NO	6124 Everall A	
	14. FATHER'S NAME		15 MOTHER'S MAIDEN NA		
2	Charles	Masson	Pearl	U	Moltz
45		MED FORCES? 16b. SOCIAL SECURITY N	NO. 17 INFORMANT	ADDRESS	
	Yes W.W.		6 Janice P. Kr.	ause 5848 Belair	Rd. 21206
	18 CAUSE OF DEATH (Enter on	ily one couse per line for (o), (b), and (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE	TE CAUSE (b) CAPPINE	ARRHYTH m	IIA	15 mins
		DUE TO, OR AS A CONSEQUENCE	OF		+
	Conditions, if any, which		SCLEROTIC	HEART	10 425
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE	-	SEABE	
	underlying couse lost.	(c)			N. T. C.
		CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GI	VEN IN PART 110
	3 NOWE			and the same of	
7	NONE THE DATE OF OPERATION 210. ACCEPUT WAS UNDERLYING	196 CONDITION FOR WHICH OPER	ATION WAS PERFORMED		5, WERE FINDINGS USED FYING CAUSES OF DEATH?
<	NONE			YES NO NO Y	ES NO
2	21a. ACCIDENT WAS UNDERLYING	The state of the s	FAR THE HOW INJURY OCCUR	RED (ENTER WATURE OF MURE PARTIES III.	PART LOR PART 21
1	OR CONTRIBUTING CALM OF DEA	ATT TO SERVICE STATE OF THE SE	19		
	The state of the s	THE WAY OF SERVICE	\$11, 1500, \$210,000		

DEGREE

23c NAME OF CEMETERY OR CREMATORY

Holly Hill Cem.

CITY OF TOWN

repinion death occurred on the date and hour and from the causes stated

22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Gustav C. Voigt, M.D.

1-16-86

22e ADDRESS 6 Saint Johns Road

23d LOCATION Chase BAlto.

Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

MPORTANT

MEC

NOT WHILE AT WORK

230 BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

John C. Miller Inc. 6415 Belair Rd. 21206

236 DATE

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

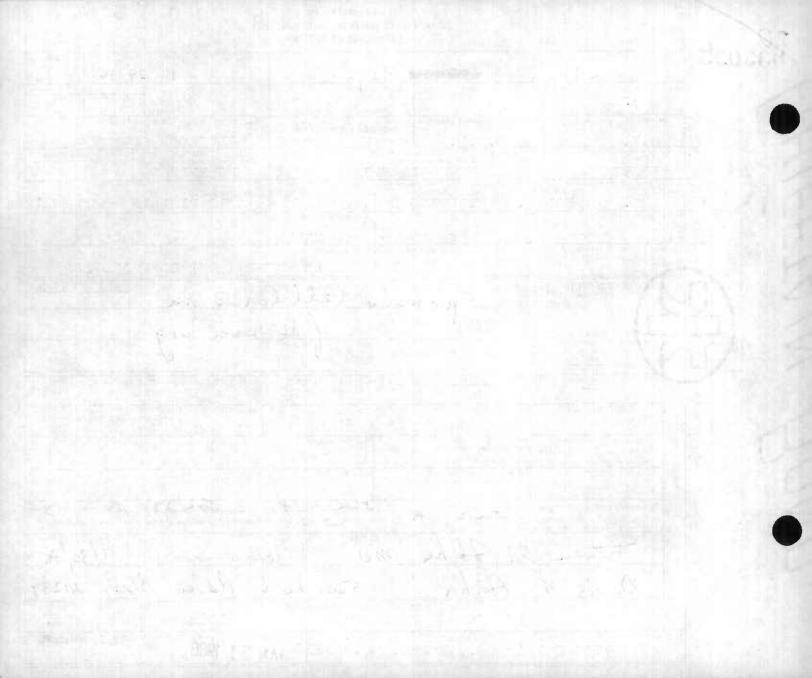
A. Alan Seitz, Jr. 3818 Roland Ave. 21211

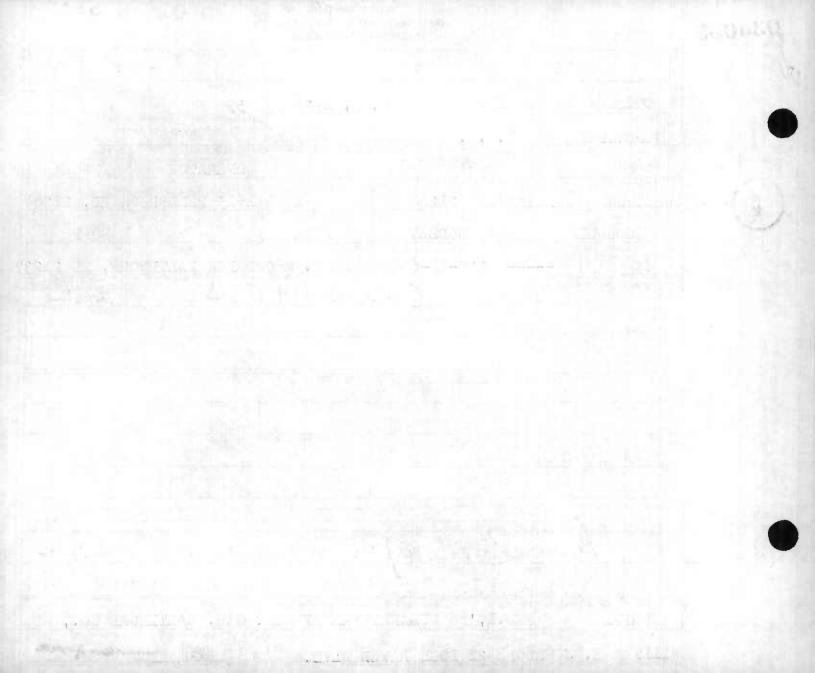
BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

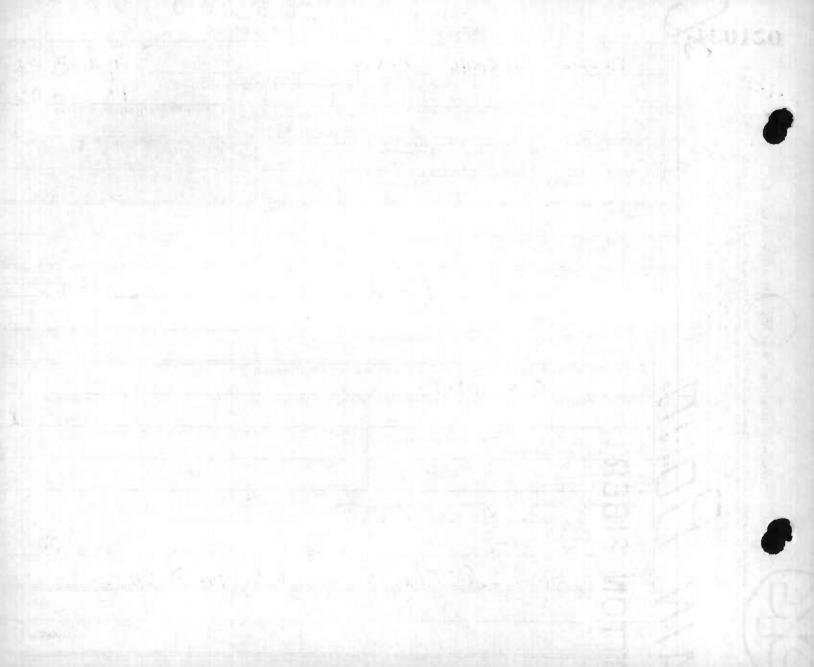
(VRA 15, 4)







	FOR		DEPA	STATE OF REALT	MARYLAND, H AND MENTAL H	YGIENE 0 0	5 5 7
21034	REGIS 1. DECEASE		MEDICA	AL EXAMINER'S	CERTIFICATE O	PEATH REG.	
一点を記述	(TYPE OR PRI	Florence	VIRGINH	McCoy	NIDEO LVO LIBORIO	OF ESTI- DEATH MATED	1 16 1986 94 MONTH DAY YEAR 24 HOL
RY, PLEASE DIRECTOR OUR FILES 77 HOURS ON STREET,	Femal	e BLACK	5. DATE OF BIRTH	AR LAST BIRTHDAY) MON	INDER 1 YR. IF UNDER	PRONOUNCED DEAD	11/6 1086 91/4
NA SA	70 BIRTHPL FOREIGN C Wash	DUNTRY)	USA	MAR	RIED NEVER MARRI	IED 🔲	ore Co.
ELAV IS NE TO THE FUN PAGE 5 F	10 CITY OR	TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, O	NURSING HOME, OR OT THE STREET ADDRESS)	/ 1	120. USUAL OCCUPATION (1) FOR MOST OF WORKING LIFE) Unemploy.	
ANY D AND 3 PETAIN HOULD RECORD	USUAL RESI	DENCE (IF IN NURSING HOM 13b. COL		ence before admission) CITY OR TOWN LOOD AWN	134. INSIDE CITY LIMITS?	13e. STREET ADDRESS 6800 Liberty	21207 Rd. Apt. 513
OKE, MO		bur	MIDDLE		Gladys	EN NAME MIDDLE ADDRE	Walker
BALTIMORE S AFTER DEA GIVE PAGES OTH FORM P PAGES I VAR WISION OF		CEASED EVER IN U.S. A	IVE WAR OR DATES)	SOCIAL SECURITY NO. 12-16-6561	Norman M		nquil Avenue
FETO TT HOUR ENCIL IN ITEM TE MINNER ALONG TRANSIT PERMIT TRANSIT PERMIT MIAL HYGEN OR REMOVAL.	P	ARTIDEATH WAS CAU: IMMED Conditions, if ony, while the immediate course to immediate course (o) stating the under	DUE TO, OR AS A (b)	CONSEQUENCE OF			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
CORDS, BE EXECT VDING" VEDICAL VS A BUR VITH ANI	PARI		(c) INS CONTRIBUTING TO DEATH BUT NOT Fro. 55 O Death 196. CONDITION F	RELATED TO THE TERMINAL DISE/ TO WHICH OPERATION	LICH ELL	RT 1 10).	20. AUTOPSY? YES □ NO 1
DIVISION OF VITAL RE HIS CERTIFICATE SHOULD WRITING THE WORD." PEI ARDED TO THE CHIEF M AGE 3 SHOULD BE USED A THE DEPARTMENT OF HEA	EDICAL CON 21d 1	XTERNAL CAUSE WAS ERLYING OR TRIBUTING CAUSE C NJURY OCCURRED LE NOT WHILE YORK AT WORK	21b. TIME OF INJU HOUR A.M. MOI PEATH P.M. 21e. PLACE OF INJU STREET, FACTORY, FA	NTH DAY YEAR 19 URY (ATHOME, 21f. L	HOW INJURY OCCURRE OCATION STREET	ED (ENTER NATURE OF INJURY IN ITEM	
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORWATTE FUNERAL DIRECTOR: PATE ESTAT WITH THE STATEMORE. BATTWORE MARYLAND, 2	dea	th resulted fram: No	orge of the remains described		ppsy , Inspection , Hamicide , TITLE (SPECIFY)	Undetermined manner	ond in my opinion DATE SIGNED
TO MEDICAL B EXECUTE THE PO FURE 4 SHOU TO FURE DEATH. AFTER DEATH.	(TYPE	NINER'S NAME OR PRINT)	ANG Z. Fels	PIL NAME OF CEMETERY	ADDRESS //	E. Chose 8	oppor
BP	(SPECIFY)	rial	1/20/86	Arbutus Men	n. Pk.	Arbutus, Md	
DHMH - 17 (VR A15 ME (5))	Wm	C March F/	H West 4300	Wabash Aver	nue JA	W Tool 7	and the same of th



DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND STATE OF MARYLAND & 6
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

MONTH

1/14/86

9 BALTIMORE CITY OR COUNTY OF DEATH

YRS

26 HOUR

IF UNDER 24 HRS

IF UNDER LYEAR

20. DATE OF DEATH

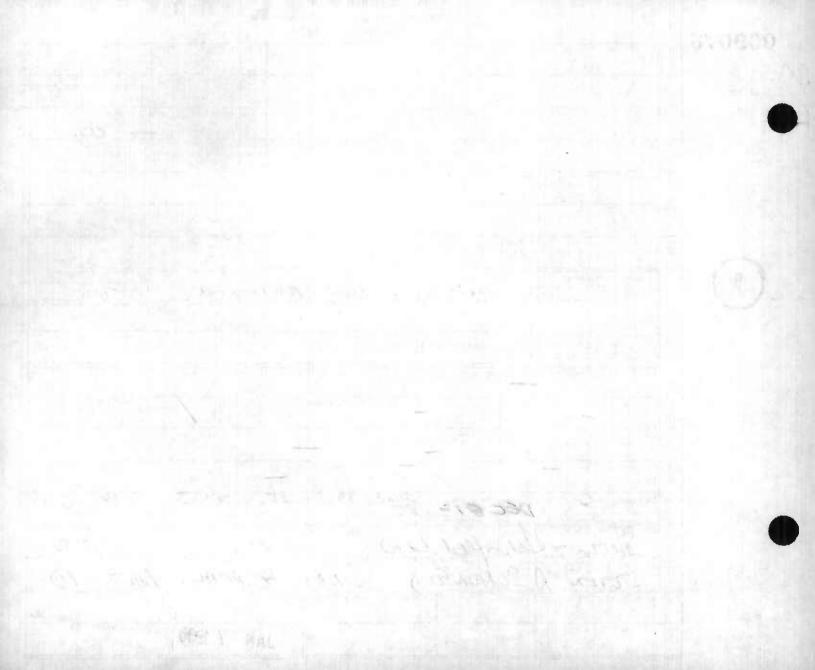
6. AGE | IN YEARS LAST BIRTHDAY)

(DHIO	USA WIDOV	VED X DIVORCED	BALTO	CGUNTY	MD.
10 C	ITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 	OR OTHER INSTITUTION	12a USUAL OCCUPATION OF OF WORK FOR MOST OF	ON 126 KIND OF WORKING LIFE) INDUSTRY	BUSINESS OR
Ch	ATONSYI 1/E	SUMMIT NURS	ING HOME	SALES PE	RSON WAYN	EMAKE
	AL RESIDENCE IN NURSING HOME OR STATE 136 COUN BAL		YES NO	13. STREET ADDRESS / 98 SMITH	ZIP CODE	52/22
	ALFRED	WED FORCES? 1166 SOCIAL SECURITY NO.	CATHERIA 17. INFORMANT	MIDDLE	CROWLE	EY
		WAR OR DATES) 197-18-836	6 DOROTHY BR	III GREE	N MOUNTAL	Y CIR.
	PART I. DEATH WAS CAUSED	ly one couse per line for 10 (b), and 10 (b) BY: E CAUSE 10)	- V uscula	Collops	APPROXIM BETWEEN O	NATE INTERVAL NSET AND DEATH
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF	Voscula de	see	unh	ou.
CERTIFICATION	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BU	UT NOT RELATED TO THE TERMI	NAL DISEASE OR COND	OITION GIVEN IN PART I 10	GS USED
RTIFIC				NO [
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
MEDICAL	71d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	21F LOCATION STREET	CITY OR TOW	vn county	STATE
	22a 1 certify that (1) (1XXXXX) sow the deceased alive an above, (1) (we) (did) (did)	SI) ottended 1/20 eccessed from 85	11 , 19 <u>68</u> and that in (my) (X Xopinian d	, to		not (I) (%) lost ouses stoted
	226. SIGNATURE	ver to	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		5/86
	220 PHYSICIAN'S NAME (TYPE OF	Jr., M.D., P.A.		estview Mall Maryland 2	1 228	
23a B	BURIAL, CREMATION, REMOVAL		CEMETERY OR CREMATORY	BALTO	COUNTY	MD
W.	UNERAL DIRECTOR	HOME FOMOND	SON AVE JAN	2 1 986 RARIZ	Sh. REGISTRAR'S SIGNATU	2.02

991030

Browner The State of the State OHIO STAND FIELD & SEE A SECURITY OF THE CATEMENT IN ELL SUMMERS IN A PARTING OF THE SPEED PROBLEMENTS A 18 84210 CATEGORY 3/19 8 98 5MITTHER BILLION ALEKED ISTACE CHINERINE CEDINELL THE PROPERTY FRAME GREEKS INCOMENTED STR. LINTER E, E., J. T., P. . . 21759 1825 ALER CALLESSES 1887 1887 15 The hospital of the state of th

	1 -	FOR STATE REGISTRAR		DEPAR	TMENT OF HEALT	MARYLAND H AND MENTAI TE OF DEATH		0 0) 5	5 9	
009076		EASED NAME FIRST		MIDDLE	ţAST			REG. NO	MONTH DA	Y YEAR	2b. HOUR
\$ 50 E	(TYPE C	JOHN		A. Mc	EACHERN	CD	18	1	2	86	
o o o	3 SEX	OOTIN	4 RACE	A. 11C	5 DATE OF BIR	TH TH	6. AGE	(IN YEARS LAST BIRTI	HDAY) IF	UNDER I YEAR	IF UNDER 24 HR
ge ector	8	Male	Black		3 MONTH	13 26 A	R	59	YRS	ONTHS DATS	HOURS MIN
of in the second		THPLACE STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY	(? B MARRIED X	NEVER MARRIED	9 BALT	IMORE CITY OF	COUNTY	OF DE ATH	7116.70
leath in 72		S. C.	U:	SA	WIDOWED	DIVORCED		Baltimor	re Git	y co	
offer of the further of with		Y OR TOWN OF DEATH	(IF NOT IN SU	CH FACILITY, GIVE STRE			N 12a US (TYPE OI	Disable			F BUSINESS
ours on by	USUA	RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION	e of Win	dsor Ct A	pt 1-1					
14 ho	13a ST		DUNIY L	13t. CITY OR TO	WN 113d	INSIDE CITY LIMI	TS? 13e STR	EET ADDRESS /			1207
should should	14 EAT	HER'S NAME	211	Baltir		NO THER'S MAIDE	NINAME	4 Duke	of Win	idsor C	t Apt
mplete	1110	FIRST	MIDDLE	LAST		FIRST		MIDDLE		LAS	T
ored and and and and and and and and and an		Arch		Bethea		Carol	ine	ADDRES		Mc	Each
sage sage		AS DECEASED EVER IN U.S. NO OR UNKNOWN) (IF YE	S GIVE WAR OR DATES	16b SOCIAL SEC		NFORMANT					
		Yes		250-30-	8774 Mai	ry Mc Ea	chern	<u>4816 Tri</u>	iesdale		101
event, #		PART I. DEATH WAS CA	er only ane cause pe AUSED BY. DIATE CAUSE (a)	netosti	Ter W	ne ce	escensi	ma		DETWEEN O	MATE INTERVAL ONSET AND DEA
a second			DUE TO, C	OR AS A CONSEQ	UENCE OF	0					
deoi bye bye fion	1	Canditions, if any, which									
the cremo		gove rise to immediat		OR AS A CONSEO	LIENCE OF				7700		
by ase II, cr		underlying cause las									
signed hen ple na burio		PART 2. OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING TO	DEATH BUT NOT	RELATED TO THE	TERMINAL DIS	SEASE OR COND	ITION GIVE	N IN PART III	0
w res	CERTIFICATION	9a DATE OF OPERATION	19b COND	ITION FOR WHIC	H OPERATION WA	S PERFORMED	20a	AUTOPSY?	20b. IF YES,	WERE FINDIN	NGS USED
n. n	띪		17	-	\neg		YES	NOT	IN CERTIFY	ING CAUSES	OF DEATH?
N: They sold of the Hygie B sho	E .	210 ACCIDENT WAS UNDERLYIN	G 21b. TIME C	OF INJURY	21c	HOW INJURY OF				I I OR PART 21	140
SICIAN ig phys certifica riol-tro entol Hy fem 18		OR CONTRIBUTING CAUSE	DE NEW IN	.M. MONTH	DAY YEAR						
YSK ding s cer s cer ourio Meni	MEDICAL	(IF EITHER NOTIFY MEDICAL EXA		OF INJURY	19 216	LOCATION					
the the cond of the cod of the co	ME	WHILE TO NOT WHILE T		TREET FACTORY OFFICE		STREET	-	CITY OR TOW	/N	COUNTY	STATE
Afte Afte	1	AT WORK			31/10	16	86	-/4/ 8		W	-
DR: USE		220 I certify that (1) (this loss saw the deceased alive	hospital) attended th	deceased from	85 and the	. 19	05 to_	JAN	, 19	86	that () (we)
RECTOR Ped for uppl. of H		douve, (ii) (we) (did) (d	id nat) view the bady	after death.			illian death ac	curred an the da	re ond nour o		
OR be he boche Dep		22b. SIGNATURE	11.	10 1	DEGR	EE ATTENDI	NG MEDI	CAL STAFI		22c. DATE	1 00
TAL Y the Y the Carl det Carl det Carl Larent Carl Carl Carl Carl Carl Carl Carl Carl		stelly ;	Helio	Kelu /	18)-	PHYSICI	AN DIREC	TOR PHYSICI	AN	1/3	184
SPE SPE SPE SPE STAR		224 PHYSICIAN'S NAME	TYPE OR PRINT)	1 1	22e	ADDRESS	11 0				12
O HOSI		JTEVEN	H 7.00	FONFEL	1)	INAT	HOSF	MAC.	BAT	170	140.
De Day	23a. BL	IRIAL, CREMATION, REMO	VAL 236 DATE	231	NAME OF CEMET	ERY OR CREMAT	ORY 23d I	OCATION			
BP	(5	Cremation	1/6/8	6	estview M	Memorial	Dani	Catonsy	1110	COUNTY	72mdass
	24 FUI	NERAL DIRECTOR	1 1/0/0	V IN	CSCALEMI	25	DATE REC'D.	BY SEGISTEARS	Sh REGISTRY	THE STORAT	URL
DHMH - 16 60M 7/84 (VRA 15, 4)		Wm C March F	/H West	4300 Wab	ash Ave		JAN	1900	0		



STATE OF MARYLAND

FOR

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND 3 6 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. I				
ATE OF DEATH	MONTH	DAY	YEAR	7

KEOISTKAK				REG. NO.		
1. DECEASED NAME FIRST	MIDDLE	L	AST	20 DATE OF DEATH MONTH	H DAY YEAR	2b. HOUR
	ary Judith Mo	cLain		January 3,	1986	7:35 P
3. SEX	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	1F UNDER 24 HRS HOURS MIN.
Female	White	01	05 15	70	YRS	HOURS MIN.
	76 CITIZEN OF WHAT COU	INTRY? 8	D NEVER MARRIED 5	9 BALTIMORE CITY OR CO	UNTY OF DEATH	
Maryland	U.S.A	WIDOWE		Baltimore	County	MD
	11. NAME OF HOSPITAL, N	NURSING HOME C		12a. USUAL OCCUPATION		OF BUSINESS OR
Halethorpe	St. Joseph		nce	Education		n. Siste
UDUAL RESIDENCE (IF NURSING HOME OR			113d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP		
		lethorpe	YES NO X		Avenue 2	1227
14 FATHER'S NAME	WIDDLE LA	AST	15 MOTHER'S MAIDEN NA	MIDDLE		
William Duehamme		-31	Mary	Ann	Goi	rdon
160 WAS DECEASED EVER IN U.S. AR		L SECURITY NO.	17. INFORMANT	ADDRESS		
No		22-9906	Sr. M. Regin	na Long 4100 Ma	aple Avenu	ie 21227
18 CAUSE OF DEATH (Enter on	y one cause per line far (a),	(b , and ic			APPROX BETWEEN	ONSET AND DEATH
PART I, DEATH WAS CAUSED	E CAUSE (a) Colo	ouic o	betruction		4	
William Control		LOROLIENICE OF				
Condition 1	DUE TO, OR AS A CON		ovarian ca	-C/Morna		
Conditions, if any, which gove rise to immediate	(b) 10 (C V2C)	3001 20	2000 (1. 1. 6.00)	Claran		
cause (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF				
underlying cause last.	(c)					
PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITIO	N GIVEN IN PART 1	0
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING						
190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED		IF YES, WERE FINDI	
<u> </u>				YES NO	CERTIFYING CAUSES YES	NO [
21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 2)	
		IH DAY YEAR				
OR CONTRIBUTING CAUSE OF DEA	21e. PLACE OF INJURY	19	211 LOCATION			
WHILE NO WHILE	(AT HOME, STREET, FACTORY,	OFFICE FARM, ETC)	STREET	CITY OR TOWN	COUNTY	STATE
22a I certify that (I) (this haspin	attendedable deceased	from /2	130 10 85	- 1/8	10 96	ale a Constitution
sow the deceased afree on.	1/1/86	19 86		death accurred an the date on		that (1) we) last
obove, (I) (we) (did) (did not) view the bady after death.		DEGREE		22c DATE	
III. SIGNATUR	> 2		ATTENDING	MEDICAL STAFF	_ ZZ. DATE	- kes
224 PHY IN NAME (TYPE O	Cerey ?	,)	PHYSICIAN (DIRECTOR PHYSICIAN	1/2	186
1		Lin	all SI	0 E 1. 1/ 6	1011	11/ 2/2-
N. ALAN 1		1000	13711 010	1 seasure E	el, Isilto	ra acc
(SPECIFY)					COUNTY	STATE
Burial	1/6/86	New (Cathedral	Baltimore		MD
	23b. DATE 1/6/86		22e ADDRESS 5411 Old EMETERY OR CREMATORY Cathedral	Prederick R 23d LOCATION Baltimore TEREC'D. BY REGISTRAR 25b. R		MD
NAME George J.	Gonce 4001 R	ftchie H		N 6 1900	A CONTRACTOR OF THE PARTY OF TH	- Alle

DHMH - 16 60M 7/84 (VRA 15, 4)

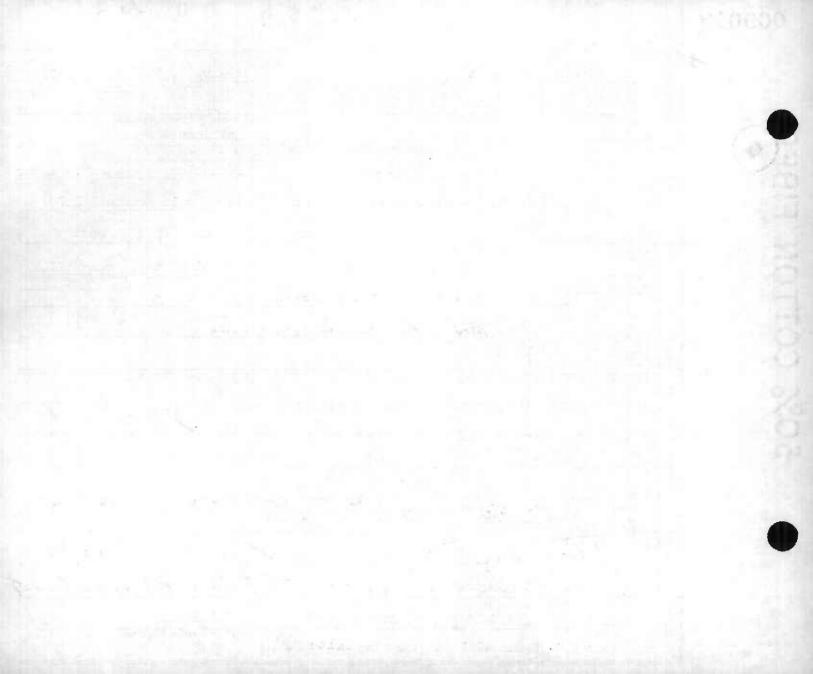
BP

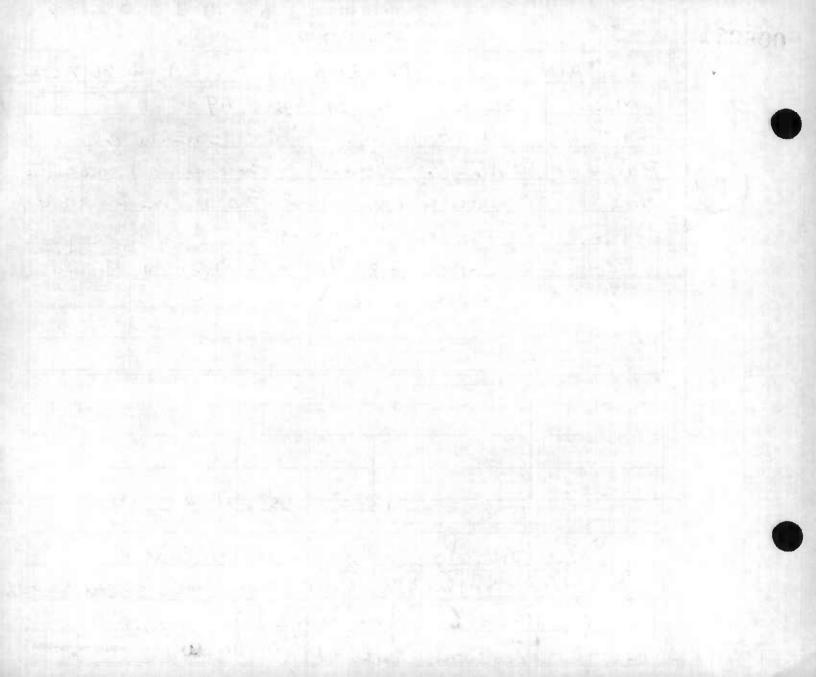
TO FUNERAL DIRECTOR-

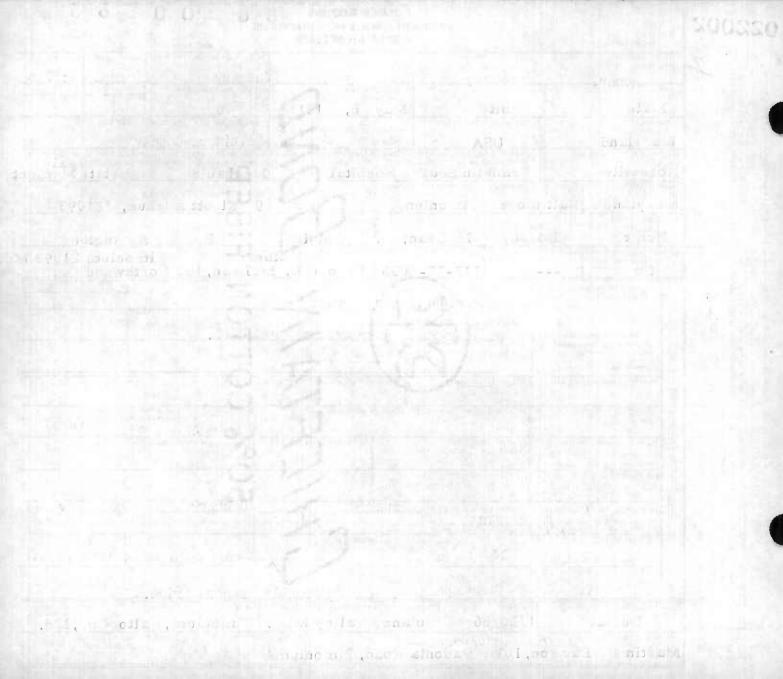
should be detoched for use as the burtol-tronsit permit. Then please remove corbon pope with the State Dept. of Health ond Mental Hygiene prior to burtal, cremation, ar removal

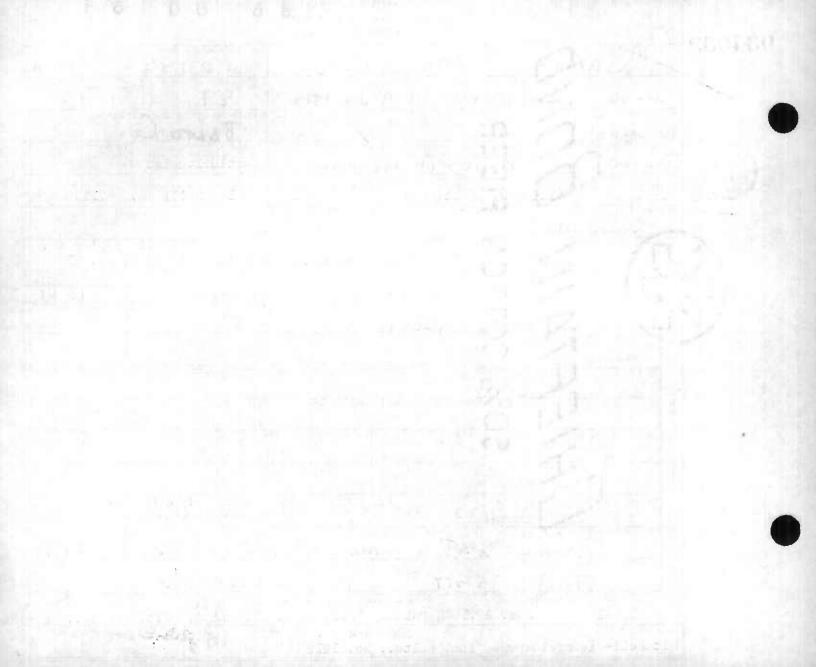
morked or Item 18 shows

IMPORTANT: If Hem 21 is









DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

					REG. NO.						
		CEASED NAME FIRST	WIDDLE	t	AST	20. DATE OF DEATH	HINOM	DAY YEAR	26 HOUR		
M	(TYPE	Jame	s O. McWill	iams			1/	/13/86	3:16p M		
D	3. SEX		4 RACE S. DATE OF BIRTH			6 AGE (IN YEARS LAST BIR	(YACH	IF UNDER 1 YEAR	IF UNDER 24 HRS		
0	B. 027	Male	White	MONTH	DAY YEAR			MONTHS DAYS	HOURS MIN.		
2 1	0			10	/12/07	78	YRS				
4	7a. BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	JNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DEATH			
3		Maryland	USA	WIDOWE							
1		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,			120 USUAL OCCUPATI			F BUSINESS OR		
0		Torragon	6701 N Char	VE STREET ADDRESS)	MC	(TYPE OF WORK FOR MOST O	F WORKING L	IFE) INDUSTRY	sale Foo		
	* 10.114	Towson			PIO	WELTT	eu	MIIOTE	sale roc		
6	13a. S	AL RESIDENCE HE NURSING HOME OF			134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP COD	Œ			
		Maryland Ba	lto.		YES NO K	3 Buchanan	Rd.	21212			
1	14 FA	THER'S NAME			15. MOTHER'S MAIDEN NAM	AE					
1		Otho Winfiel	d McWillian	MS	Daisy M	ae	Thor	npson (AS)	ſ		
4	14- 10	VAS DECEASED EVER IN U.S. AR		AL SECURITY NO.	17 INFORMANT	ADDRE					
1	[7	(IF YES, GIV	OF WAR OR OLIVER					nan Pd	21212		
-	1	No	210	6-07-5326	MIS. E. MCW	IIIIams/ 3	Duena	anan nu.	21212		
		18 CAUSE OF DEATH (Enter or	aly one couse per line for (o)	, (b), ond (c·.)				APPROXI BETWEEN C	MATE INTERVAL		
		PART I. DEATH WAS CAUSE	Resp.	iratory f	ailure						
		IMMEDIA	TE CAUSE (o)								
			DUE TO, OR AS A COL								
		Conditions, if ony, which gove rise to immediate	(b) C	HF							
	1	couse (o), stoting the	DUE TO, OR AS A COL	NSEQUENCE OF							
		underlying couse lost.	((c) MI								
		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GI	VEN IN PART 116			
	N	Pneumonia									
1	CERTIFICATION	190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206, IF							YES, WERE FINDINGS USED		
do	FIC				THE TEM CHANGE	IN CERTIFYING CAUSES OF DEATH?			OF DEATH?		
-	RTI					YES NO		ES 🗌	NO 🗌		
1		710. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE		TH DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	BI MATE MI VE	PART I OR PART 2)			
	AL	(IF EITHER NOTIFY MEDICAL EXAMINE	6111	19							
34	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY		21f LOCATION						
	Z.	WHILE NOT WHILE	(AT HOME STREET, FACTORY	OFFICE, FARM ETC)	STREET	CITY OR TO	WN	COUNTY	STATE		
		AT WORK			12/24 10 85	1/12		96			
		220.1 certify that (I) (this hospi	1/12	06	, 17	, to	-		that (I) (we) lost		
14	. 1	sow the deceased alive on above, (1) (we) (did) (did no	t view the body after death		d that in (my) (our) opinion o	leoth occurred on the do	te and ha	ur and from the	touses stated		
		22b. SIGNATURE	1111		DEGREE			22c. DATE	SIGNED		
1		Medra	1 hille	/	ATTENDING PHYSICIAN	MEDICAL STAF		1/1	3/86		
1		22d. PHYSICIAN'S NAME (TYPE O	OR PRINTI		22e ADDRESS	J DIRECTOR EJ FITTSIC	IAIN IA	1 / 1	100		
		Dr. M. Sipp	ole .		GBMC			- '			
	23a. B	URIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COLINA	STATE		
	1	Emtombment	1/16/86	Lorral	ne Park Mauso	• CHIOKIOWN	Balt	to., Md.	DIAIE		
	24 FL	INERAL DIRECTOR Mitche	11-Wiedefeld	Home . Inc	250 DATE	REC'D. BY REGISTRAR	25b. REGIS	TRAR'S SIGNATI	URE		
14		John O. Mitche		York Rd							
		John O. HILCHE	SIT TIT 0000	TOTK KO	· ZIZIZ 1041	11 00 1006	and the same of	Leseraismon-A	William .		

DHMH - 16 60M 7/84 (VRA 15, 4)

John O. Mitchell III

BP.

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			, 21212	C C	e dir-dis di 115	callalon

STATE OF MARYLAND CERTIFICATE OF DEATH

NASATH 26 DAY 1006

LAST

5 DATE OF BIRTH

MEHRING

1	REG. NO.									
	20. DATE OF DEATH MONTH	DAY YEAR	2b HOU	JR						
	January 20, 198	1:2	1:24p M							
	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YE	AR IF UNDER	24 HRS						
AR	79 YRS	MONTHS DAY	S HOURS	MIN.						
	9 BALTIMORE CITY OR COUNTY OF DEATH									
0 0	Baltimore Coun	ty		MD.						
N	12a USUAL OCCUPATION (Type of work for most of working Retired—Sheet	12b KIND INDUSTR Metal	OF BUSIN RY ACKE &Bair	rman es						

	11416	WII T C	WILLEE		20 1900	13	YRS		1131	
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY O	_		TITLE	03
1	Maryland	USA		WIDOWER DIVORCED		Baltimore	County	у		MD.
	OSSVILLE		HOSPITAL, NURSING		rother institution ital	120 USUAL OCCUPATION OF CHAPE OF WORK FOR MOST C	126 KIND C	Acker &Baine	mai s	
USU.	AL RESIDENCE (IF NURSING HOME		GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	-		
		to.	Essex		YES NON	103 Homber		2122	1	
1	John	WIDDIE	lehring		15 MOTHER'S MAIDEN NA	ME		LA:	ST	
	WAS DECEASED EVER IN U.S.		166 SOCIAL SECUI	RITY NO	Sophie	ADDRE	SS	Dorn:	LCK	
		GIVE WAR OR DATES	215-03-2			nring 103 Ho	mberg	Ave.	21221	
	18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU IMMED	ISED BY: IATE CAUSE (0)	Cardiac A	rrhyt	hmia			BETWEEN	ONSET AND DE	ATH
	Conditions, if ony, which gove rise to immediate		Complicat		nemia					
	couse (b), stoting the underlying couse lost.		or as a conseque letastatic		inoma of the	Bladder				
7	PART 2 OTHER SIGNIFICAN	_				AINAL DISEASE OR CON	DITION GIVE	N IN PART 1	0	
Ö	Recent Righ	it Lower	Lobe Pneu	monia						
3	190 DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDI		12
CERTIFICATION	Ellin Verrynge					YES NO		NO [-	
	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH	.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAI	RT OR PART 2)		
EDICAL	21d. INJURY OCCURRED	(IF EITHER NOTHY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 1.A.I HOME STOREL EACHOR OF SELECTION			211 LOCATION	WN	COUNTY	STA	TE	

NOT WHILE

January 20

January 20 19 86

sow the deceased alive on_

STATE

3 SEX

REGISTRAR

Mala

DECEASED NAME PE OR PRINTE

Sebastian

4 RACE

DEGREE

MEDICAL STAFF ATTENDING

230 BURIAL, CREMATION, REMOVAL

Michael Taylor, M.D.

22a.1 certify that (1) (this hospital) attended the deceased from

9000 Franklin Square Dr. 23c. NAME OF CEMETERY OR CREMATORY

Balto., MD 21237

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

DHMH - 16 60M 7/84 (VRA 15, 4)

O FUNERAL DIRECTOR.

should be detached

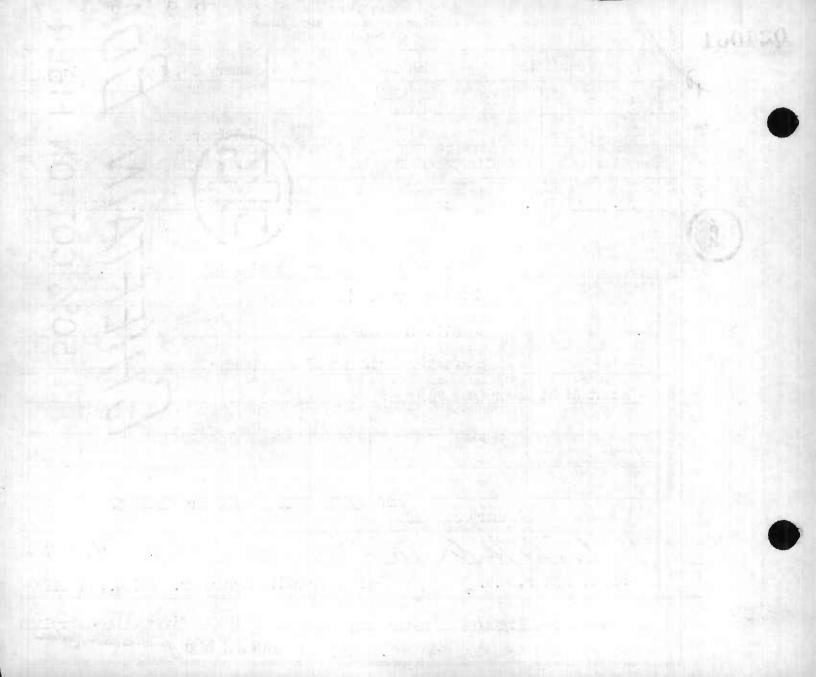
Burial 24 FUNERAL DIRECTOR

January 20

___, and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated

Middle River Balro. Marvland

Connelly Funeral Home 300 Mace Ave. 21221



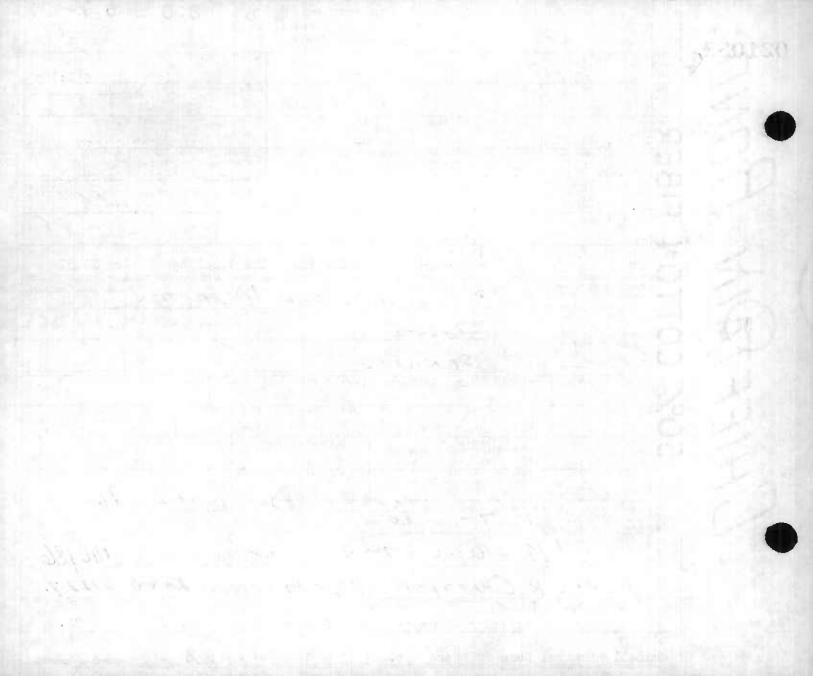
FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST DECEASED NAME 70 DATE OF DEATH 7h HOUR TYPE OR PRINTI GUST MELISSAS 86 5:20p M 4 RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX S DATE OF BIRTH MONTH 45 A D 21 1892 M 05 92 BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COLINTRY IISA CHIOS, GREECE DIVORCED [WIDOWED BALTIMORE COUNTY I CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY DUNDALK MERIDIAN NURSING CTR-HERITAGE Retired-Painting Contractor USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 136 COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? NO MX PA. SMOCK MABEL LANE RST HOME 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE WIDDIE Melissas John UNK Anna ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO Catherine Valko 11202 Lynn Drive 21087 200-05-1140 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) NUCLARDIAL INFANCTION PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF ASCY Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES T 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21f LOCATION 716 INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE FARM ETC 1 STREET NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on_ , and that in (my) (aur) apinion death occurred an the date and have and from the causes stated abave, (1) (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING STAFF 77e ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 231 NAME OF CEMETERY OR CREMATORY STATE Bellevernon Cemetery Bellevernon Remova] 24 FUNERAL DIRECTOR 250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Connelly Funeral Home 300 Mace Ave. 21221

DHMH - 16 60M 7/B4 (VRA 15, 4)



DIVISION OF VITAL RECORDS, 201

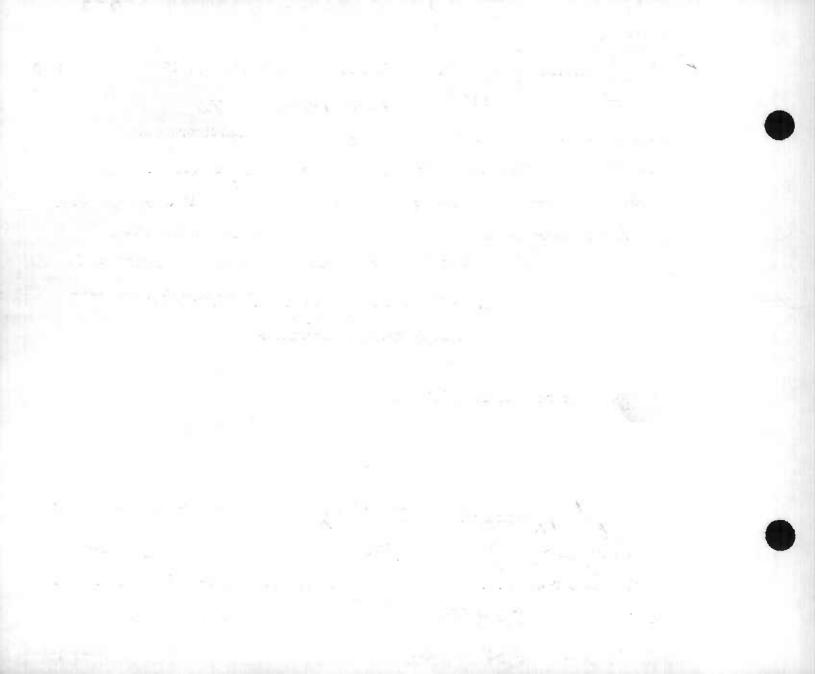
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH I. DECEASED NAME MIDDLE 2b HOUR LIYPE OR PRINT MEREDITH January 7, 1986 5:55p Eloise J. 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR 4. RACE 5. DATE OF BIRTH SEX 9 BALTIMORE CITY OR COUNTY OF DEATH 1a BIRTHPLACE I STATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore County DIVORCED NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12b. KIND OF BUSINESS OR BALTO. FRANKLIN SQUARE HOSPITAL BOOK KEEPER HOTEL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a. STAJE BALTO, 13b. COUNTY 13e.STREET ADDRESS / ZIP CODE 2.07 N. LINWOOD AVE 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME WALTERS TERTRUDE 166 SOCIAL SECURITY NO. 174INFORMAN 236-32-0106 Mr. Gubrey W. Meredith - 11207 Backer Rd APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE (0) Probable Myncardial Rupture and Pericardial DUE TO, OR AS A CONSEQUENCE OF Tamponade Acute Myocardial Infarction Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a CERTIFICATION Severe Metabolic Acidosis 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOIX YES F NO IT 7 10 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS 21d. INJURY OCCURRED 211 LOCATION 71e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE tho (M(this hospital) attended the deceased from January January ,19 $_86$ _, and that in (M) (our) opinion death accurred on the date and hour and from the couses stated January 7 DEGREE 22c DATE SIGNED 1-7-86 ATTENDING MEDICAL DIRECTOR PHYSICIAN 9000 Franklin Square Drive Balto., MD21237 Alberto Borges, M.D. 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION, REMOVAL 23d LOCATION STATE HOLLY HILLS CEM. BALTO

DHMH - 16 50M 4/83 (VRA 15, 4)

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

who wantagen - Mankage



024170	1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIEME O	0 5	7 0	
noy be poge 3		CEASED NAME OR PRINT)	WINNI		P.		ETHENY	20 DATE OF DEATH	1 8	86	1:50 p.1
4 moy or. pog offer de	3. SE			4 RACE		S DATE (DAY YEAR	6. AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
oge Irs of	4	Female					20, 1917	68	YRS		
eoth. P	We	RTHPLACE (STATE OR I COUNTRY) St Virgini	ia	76 CITIZEN OF WHAT COUNTRY? 8 MARRIE WIDOW		D NEVER MARRIED DIVORCED		Baltimore County		MD	
offer of the full feed with		Towson		(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	or other institution edical Center	ITYPE OF WORK FOR MOST OF WORKING LI		12b. KIND OF BUSINESS OR INDUSTRY Home	
14 hours	13a. S	AL RESIDENCE (IF NURS	13P CON	OTHER INSTITUTION	13c CITY OR TOM	E ADMISSION)	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE		
pletely fill and 2 shou		THER'S NAME FIRST	Garre	MIDDLE	Deer P	ark	YES NO X	Rt. 4, Box	128-C	LAS	
Comp Comp	16e V	Delpha VAS DECEASED EVER	IN U.S. AR	MED FORCES?	Groves		Mamie 17 INFORMANT	ADDR	ESS	Smith	1
n ond Poge		no or unknown)		E WAR OR DATES)	234-12-0		Robert May	Frederi	ck, Ma	ryland	
been significant that the cert been significant the comparison of the prior to buriof, cremotion, or ret only injury, or other troumonic examples.	ATION	Conditions, if ony, gove rise to improve couse 101, stating underlying couse PART 2 OTHER SIGN	, which mediate ag the lost	DUE TO, OI	R AS A CONSEOU	ENCE OF WE MA	lignant infil		DITION GIVE		
ws ne	CERTIFICATION					TOT EMATIC		YES X NO	IN CERTIFY YES	ING CAUSES	OF DEATH?
G PHYSICIAN: The ottending physicion er this certificate is the build-transit and Mental Hygie ked or them 18 sho	MEDICAL CE	218. ACCIDENT WAS UNION CONTRIBUTING (IF EITHER NOTIFY MEDI- 21d. INJURY OCCUR! WHILE (INDIT WAS IN WORK)	CAUSE OF DEA CALEXAMINER RED	HOUR A.I) P.I 21e. PLACE (M. MONTH D M,	19	211 LOCATION STREET	RRED (ENTER NATURE OF INJU		COUNTY	STATE
OR: Aft		22a I certify that (I) sow the decease above, (I) (we) ((this hospit		1/8 19 8	86	1/5 , 1986 and that in (my) (our) opinion				that (I) (we) lost couses stated
d or U - c		226. SIGNATURE	15	1	0 /	/	DEGREE	MEDICAL STA	FF 1C3	22c. DATE	SIGNED
0 . 0 70 =		N	10	Muse	lus!			DIRECTOR PHISK	IAN	1/	9/00
0 0 70 =		22d. PHYSICIAN'S M. Rudiger			, M.D.		122e ADDRESS	harles Stree		204	9700
HOSPITAL OF THE BUNERAL DI WIN BE detach In the Stote De ORTANT: ##		22d. PHYSICIAN'S N	Breit	enecker	230		122e ADDRESS	harles Stree	et 21		STATE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

						REG. N	O:			
1	CEASED NAME FREE		ADDIE	1	ASI	7e DATE OF DEATH	MONTH	DAT T	TAR	76 HOUR
	Anna	1	4	Mil	ler	()1 -	03 -	86	1:450 M
3, 58	×	4. RACE		S. DATE C	OF BIRTH	& AGE INTERESTANTED		F UNDER	THAR	# UNDER ZATHES.
1	Female	White		04		91	YRS	MONTHS	DAYS	HOURS MAK
	BITHPLACE (STATE ON FOREIGN	The CITIZEN OF V	WHAT COUNTRY?	I.	D NEVER MARRIED	I BALTIMORE CITY O	R COUN	TY OF DEA	TH	
	Penn.	U. S.	A.	WIDOWE		Balto. Co.				MD
18. C	ITY OR TOWN OF DEATH		OSPITAL, NURSIN		OR OTHER INSTITUTION	12s. USUAL OCCUPATION OF WORLD WORLD				F BUSINESS OR
T	owson	Dulane	y Towson	Nursi	ng Center	Upholsterer				Supply
	AL RESIDENCE (F NURSAIG HOME OF		Balto.		134 INSIDE CITY LIMITS? YES E NO [513 N. Char			ne	2/22
"	44	meone T	leser last		13. MOTHER'S MAIDEN NA			neucke	AMS	
	WAS DECEASED EVER IN U.S. AR	MED FORCES? IE WAS DEDATED.	218-05 0	No. and Sales	513 N. Chap	elgate Lane.	Bal	to. Md	1. 2	21229
ATION							WINALDISEASE OF CONDITION GIVEN IN P			
ICATION	PART 2 OTHER SIGNIFICANT OF				NOT RELATED TO THE TERM		70h 1F 1	YES, WERE I	FINDIN	NGS USED
RTIFICATION	194: DATE OF OPERATION	1% CONDI	TION FOR WHICH		N WAS PERFORMED	78x AUTOPSY?	70h. IF IN CER	YES, WERE I	FINDIN	
CAL CERTIFICATION		196 CONDI	TION FOR WHICH F INJURY W. MONTH DA	OPERATIO		78x AUTOPSY?	70h. IF IN CER	YES, WERE I	FINDIN	NGS USED OF DEATH?
MEDICAL CERTIFICATION	19s. DATE OF OPERATION 21s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING. CAUSE OF DELL 21st INJURY OCCURRED	1% CONDI	FINJURY M. MONTH DA	OPERATIO NY YEAR 19	N WAS PERFORMED	78x AUTOPSY?	70h IF IN CER	YES, WERE I	FINDIN AUSES	NGS USED OF DEATH?
1000	19s. DATE OF OPERATION 21s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TESTINES INCIDENCE EXAMINES 21st BYJURY OCCURRED WHAT TO MOST WORLE TO	21s. TIME OF HOUR AJ	FINJURY M. MONTH DA M. DE INJURY EST, FACTORY, OFFICE, 17	OPERATION Y YEAR 19	211 LOCATION 211 LOCATION 10 Square 10 Square 10 Square 11 LOCATION 11 LOCATION	78s. AUTOPSY? YES NO DED (ENTER HARITHE OF PAUL	20h. IF IN CER	YES, WERE I TEPYING CA YES	FINDINAUSES WITZ)	NGS USED OF DEATH? NO []

DHMH - 16 50M 4/83

24. FUNERAL DIRECTOR G. Truman Schwab 5151 Balto. National Pike (VRA 15, 4) Balto, Md. 21229

JAN

9 1986

25a. DATE REC D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE - muracon Adridace

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STATE OF MARYLAND DEP

ARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	DE

1	FOR - STATE	DEPA	RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH			
	REGISTRAR DECEASED NAME FIRST	MIDDLE	[AST	REG. NO	O. MONTH DAY YEAR	DURSE.
- (1	YPE OR PRINT)			24 DAIL OF BEATT		5/0
-	MYRTLE	1	MILLER	6. AGE (IN YEARS LAST BIRM	103, 1086	IF UNDER 24 HRS
13.	SEX	4. RACE	S. DATE OF BIRTH MONTH DAY YEAR	O. AGE (IN YEARS LAST BIR	MONTHS DATS	HOURS MIN.
1	FFMAIF_	MARVIAND	02/14/98	87	YRS.	
7a	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
	COOPIRT	IISA		BAITTMO	E 10	MD.
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUE	RSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATE	IZE. KIND (OF BUSINESS OR
) 01501015115	(IF NOT IN SUCH FACILITY, GIVE ST		(TYPE OF WORK FOR MOST OF		070011
10	CATONSVILLE SUAL RESIDENCE (IF NURSING HOME)		AVEN NURSING HOME	LINEWOR	CER FA	CTORY
13	o STATE 13b COL	UNT 13c. CITY OR T	OWN 13d. INSIDE CITY LIMITS	13e STREET ADDRESS /	ZIP CODE	001
4	MD	ANNE ARUNDELGLI	FN BURN FES WES NO -		IAN DRIVE	
M	FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN I	NAME	LA	ST
	EUGENE LATHE		MARY 1	ANF HIGDON		
7 160	WAS DECEASED EVER IN U.S. A			ADDRE	SS	
4	YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	0-01-3309 DORIS N	BLAKLEY	1710 TIMAN_	DRIVE
-	7			DLAKLLY		CIMATE INTERVAL ONSET AND DEATH
П	PART I. DEATH WAS CAUS	only one couse per line for a), (b) SED BY:	·		BETWEEN	ONSET AND DEATH
	IMMEDI	ATE CAUSE (o)	ymunca			
		DUE TO, OR AS A CONSE	OUFACE OF			
	Conditions, if ony, which	(1b) (PM	20 rodación	acció	ent	
	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	OUENCE OF			
	underlying couse lost.	(c)				
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN PART I	In .
2						
CEDTIEICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND	INGS USED
2	P DAIL OF GLEANION				IN CERTIFYING CAUSE	S OF DEATH?
E			I avav	YES NO	YES [NO 🗌
		21b. TIME OF INJURY	DAY YEAR ZIG HOW INJURY OCC	URRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
3	(IF EITHER NOTIFY MEDICAL EXAMIN		19			
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TO	WN COUNTY	STATE
1 3	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFF	ICE, FARM, ETC) STREET	(III ON TO	WIN COUNTY	SIAIE
		pital) attended the deceased fro	- 11-19 10 8	(- 1-3	1086	that (I) We lost
		1 0	9 86 , and that in (my) fort Dopini	on death accurred on the do	ate and how and from the	
1	sow the deceased olive obove, (1) (we) (did) (find i	not view the body ofter death.	70	on death accorded on the de		
	22b. SIGNATURE		DEGREE ATTENDING	MEDICAL STAF		SIGNED
, [Lacot	a Report	CHO PHYSICIAN	MEDICAL STAF	IAN 01/	06/88
	224. PHYSICIAN'S NAME (TYPE	E OR PRINT)	22e ADDRESS			
	HA ROLD	B. BUL	7220 Dark	Heights Aver	NIA.	
73	BURIAL, CREMATION, REMOVA		3c. NAME OF CEMETERY OR CREMATOR		Ido	
1.3	(SPECIFY)	1.30.0712		CITY OR TOWN	COUNTY	STATE
	BURTAL	010786	MEADOWRIDGE MEMO	RIAL P DORS		
24	FUNERAL DIRECTOR	ADDRE		DATE REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNA	TURE

DHMH - 16 50M 4/83

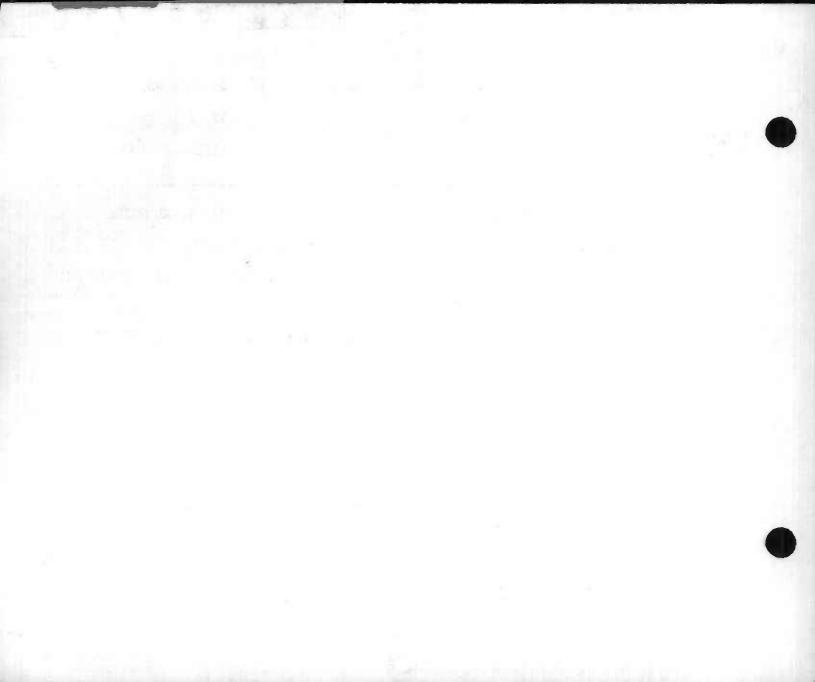
etoined by the hospital

IMPORTANT: If them 21 is morked or them 18 shows ony injury, or other troumotic event, the

(VRA 15, 4)

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Hubbard Funeral Home, INc. 4107 Wilkens Ave.

DHMH - 16 60M 7/84 (VRA 15, 4)

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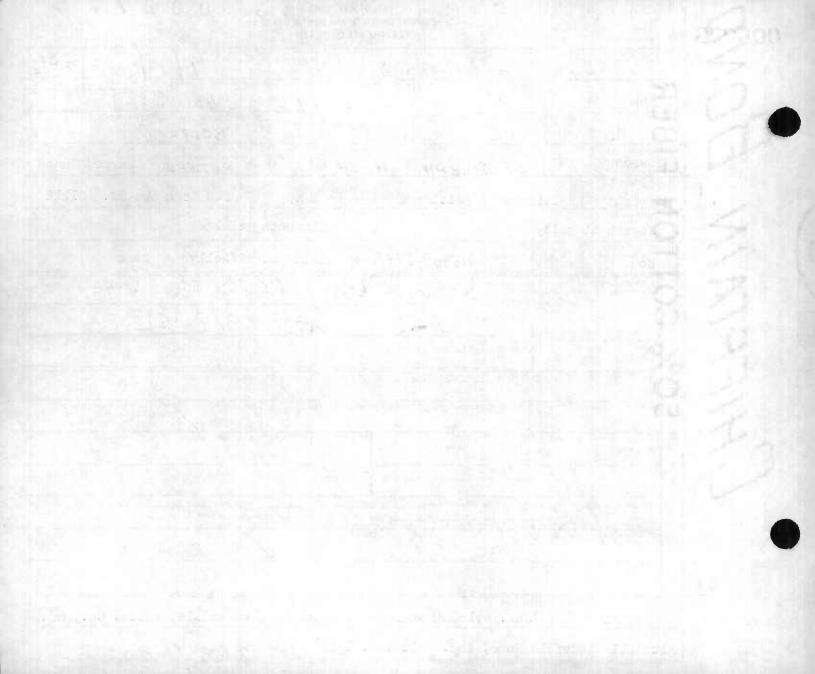
STATE OF MARYLAND

I	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL TO CERTIFICATE OF DEATH							
	T. DECEASED NAME FIRST (TYPE OR PRINT)	A. MISK	ELLY	REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 126 HOUR 8 6 7 3 A						
1	3. SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR 11 23 17	6 AGE (IN YEARS LAST BIR HDAY) IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.						
	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) MO	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED DOWNER OR OTHER INSTITUTION	9. BALTIMORE CITY OR COUNTY OF DEATH BALTO M 1120 USUAL OCCUPATION 120, KIND OF BUSINESS OF						
	TOWSON USUAL RESIDENCE (IF NURSING HOME OR	ST- JOSEPH	ADDRESS) HOSP	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Armed Guard						
	13a. STATE 13b COUN		/N 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE Rd. 21212						
	Joseph Miskell		Ellizabe	th Geisler LAST						
	160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166. SOCIAL SECU VE WAR OR DATES! 315-09-		L. Miskelly Same						
- No. 100 11 11	PART I. DEATH WAS CAUSE	nly one couse per Inter to (b), one ED BY. TE CAUSE (0)	Herst /	COPS GUD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	- VIII	= S/PMI						
	PART 2 OTHER SIGNIFICANT OF THE PART 2 OTHER SIGNIFICANT OF THE PART OF THE PA		DEATH BUT NOT RELATED TO THE TER	200. AUTOPSY? YES NOW YES NO TO YES WERE FINDINGS USED YES NO TO YES						
1	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	AY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ?)						
	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE F	FARM, ETC) 211 LOCATION STREET	CITY OR TOWN COUNTY STATE						
		27a. I certify that (1) (this hospital) attended the deceased from								
	22d PHYSICIAL MANEY		22e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN						
	23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY reland Memorial Pa	ark Parkville, Balto. Co., Md.						
	24 FUNERAL DIRECTOR Mitchell-Wiedefe	ld Home, Inc. Ba	6500 York Rd. 25a.D. 1to.Md.21212	ATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						

DHMH - 16 60M 7/B4 (VRA 15, 4)

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IMPORTANT: If them 21 is marked or them 18 shows only injury, or other troumatic event, the medicity



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	42/		CEASED NAME	FIRST	D	MIDDLE	310.	LAST		20 DATE KNOW		DAY YEAR	2h HOUR
	ARY, PLEASE DIRECTOR. OUR FILES. 72 HOURS			BARRY	R.			CHELL		DEATH MATE		1 1986	N
	A DE SECTION	3. SEX		RACE	5. DATE OF BIRTH	6 AGE (IN	YEARS IF UN	The second second	JNDER 24 HRS.	PRONOUNCED	HTHOM	DAY YEAR	26. HOUR
	DIRECTOR PROPERTY PRO	ME	ale	White	October		5 _{RS.}		,,,,,,,	DEAD	1 :	1 1986	11:1 P M
	A RELEASE	7a. BIF	RTHPLACE (STA	TE OR	76. CITIZEN OF WH	IAT COUNTRY?	8 MARRIE	D NEVER	MARRIED X	9. BALTIMORE CI	TY OR COUNT	Y OF DEATH	
	NECESSARY, PLEASE UNERAL DIRECTOR OUR FILES WITH 72 HOURS	1	Md.		USA		WIDOW	ED D	NORCED -	Baltimor	e Count	ty	MD
	AY IS THE F FILED	10 CI	Y OR TOWN C	F DEATH		PITAL, NURSING HO		R INSTITUTION		MOST OF WORKING LIFE		12h KIND OF BU OR INDUST	
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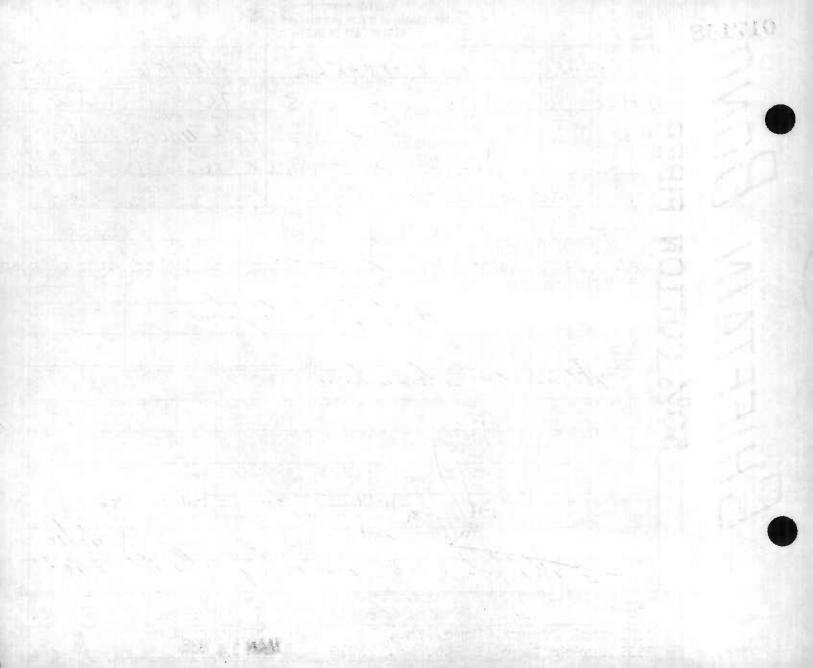
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 017148 - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE OF DEATH 26 HOUR (TYPE OR PRINT) RANCIS 4 RACE AGE (IN YEARS LAST BIRTHDAY) FUNDER 24 HRS To. BIRTHPLACE I STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH COUNTRY USA in DIVORCED D. CITY OR TOWN OF DEATH IOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 3a STATE 3e STREET ADDRESS / ZIP CODE Baltimore Baltimore Md. 7908 32nd St 21237 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Thomas Mitchell Agnes Huber ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Mary Ellen Roth (dghtr) same address APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b*, and copart I. DEATH WAS CAUSED BY: Ecomonid. IMMEDIATE CAUSE (D) Conditions, if ony, which gove rise to immediate couse lot, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 18410 SE 1840 SIS 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES NO [fronsit i Hygie 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 10 216 INJURY OCCURRED TIE PLACE CIF IN JURY 211 LOCATION COUNTY STATE CITY OF LOWN AT HOME, STREET, FACTORY CENCE FARM ETC. WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the decreased from saw the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the couses stated 22b SIGNATURE ATTENDING tould be deta DIRECTOR PHYSICAN PHYSICIAM MPORTANT 230 BURIAL CREMATION REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 236 DATE 23d LOCATION Burial COUNTY Baltimore 1/13/86 Md. Holy Redeemer 24 FU Schimunek Funeral Home Inc. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 - way doon fonder (VRA 15, 4) 3331 Brehms Lane, Balto. Md. 21213



BALTIMORE,

DIVISION OF VITAL RECORDS.

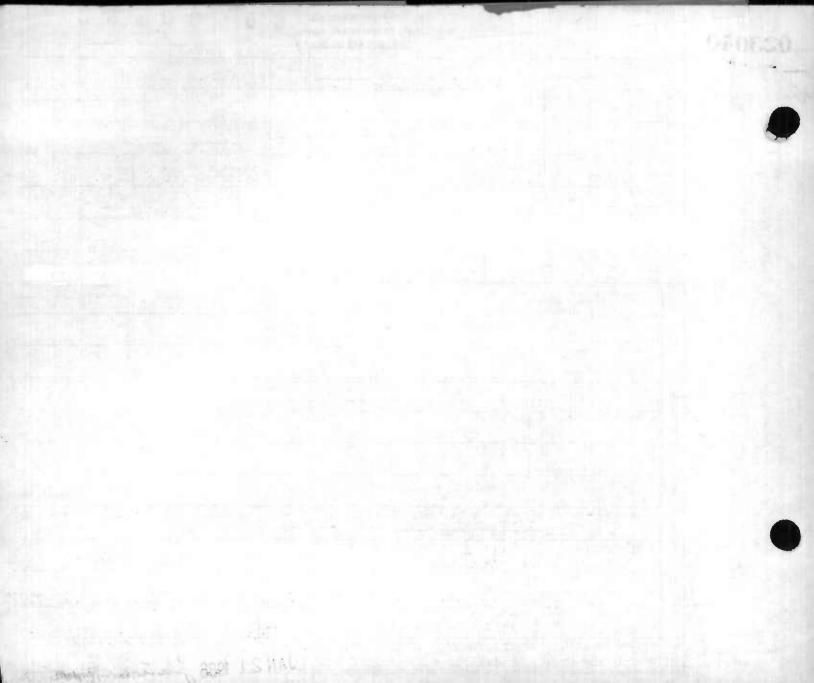
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ge 4 mo)	3 SEX MALE	CAUCASIAN	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDA 88	Y WONTHS DAYS HOU	NDER 24 HRS URS MIN.
dedrin. Poor	70 BIRTHPLACE ISTATE OR FOREIGN	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OF C	OUNTY OF DEATH	MD
by the fu	10 CITY OR TOWN OF DEATH ROSEDALE	11. NAME OF HOSPITAL, NURSI	OF HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	DENING LIFE) INDUSTRY	SINESS OR RUCTION
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be execut on and ca	160 WAS DECEASED EVER IN U		URITY NO. 17 INFORMANT	ADDRESS ANCUS 1213	GETTIG RD.	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARY ING PHYSICIAN: The low requires that the death certificate be executed with a attending physician. We this certificate has been signed by the attending physician and complete os the buriot-transit permit. Then please remove carbon papers. Pages 1 and 2 th and Mental Hygiene prior to buriot, cremotion, or removal. orked or frem 18 shows any injury, or other traumatic event, the medical examinations.	Conditions, if any, who gave rise to immedia cause 101, stating to underlying cause la	DUE TO, OR AS A CONSEQU	JENCE OF		APPROXIMATE DETIMEEN ONSE!	
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TO HOSPITAL ATTENDING retoined by the hospital or of TO FUNERAL DIRECTOR Afti should be detached for use or with the Store Dept of Health IMPORTANI: If them 21 is more	220.1 certify that (I) (this	Mile OR PRINT) OR CREATER TO THE CONTROL OF THE CREATER TO THE CR	DEGREE ATTENDING PHYSICIAN 272 ADDRESS ATTENDING PHYSICIAN ATTENDING PHYSICIAN ATTENDING PHYSICIAN ATTENDING PHYSICIAN ADDRESS ADDRESS ATTENDING PHYSICIAN ADDRESS ADDRES	MEDICAL STAFF DIRECTOR PHYSICIAN	ond haur and from the cause	
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STATE OF MARYLAND CERTIFICATE OF DEATH

JAN 3 0 1986

-1	REGISTRAN					REG. N	0.		
	I. DECEASED NAME	FIRST	WIDDLE	LAST		20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
	WILLARD	James	s M	ORRISON)	1-23	-86	>	755PM
	1. SEX	4 RACE	5. 1	DATE OF BIRTH		. AGE (IN YEARS LAST BIR	THDAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS
	Male	Wh	ite :	fune 16.	1916	69	YRS	NINS DATS	HOURS MIN.
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2	West Virgin	nia U.S	W 0	DOWED DI	VORCED	Ba	altimo	re (CO. MD
à	10 CITY OR TOWN OF DEAT	H 11. NAME OF	HOSPITAL, NURSING H	OME OR OTHER INST	ITUTION I	20 USUAL OCCUPATI	ON	126 KIND OF	F BUSINESS OR
1	Parkville	Perrin	chracility, give street address			Chauffe	F WORKING LIFE)	Coll	909
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/	Winters	Dixon	Morrison	Bess	FIRST A	Susan	0	LAST	
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Ĺ	NO OF LIMENDWIN	(IF YES, GIVE WAR OR DATES)	207-05-44			ami a a m		1	
1	-		HO1 07 1	15 Mary	P. Mor	rrison	same		DOVE
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	OR CONTRIBUTING CA	OSE OF DEATH	.M.	19					
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Jarrettsville, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

M. Gladden Kurtz

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STATE OF MARYLAND

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN

CERTIFICATE OF DEATH

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

STATE OF MARYLAND STATE OF MARYLAND & 6 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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9		21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEA	119	M. MONTH	DAY YEAR	21c. HOW INJURY (OCCURRED	(ENTER NATE	URE OF INJU	RY IN ITEM 18	B PART I OR PART	2)	
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		22a.1 certify that (1) saw the decease abave, (1) (we) (4) 22b. SIGNATURE	didistro bo	12.	after death.	BJ , or	DEGREE ATTENLE		MEDICAL _	STA	FF	aur and from		at (I) (we) last uses stated
1		K PENE	ME (TYPE O	- 52			122. ADDRESS (DeD C	our	FR	d -		ì	
	23a B	SURIAL, CREMATION, I	REMOVAL	The second secon	- 4	_	emetery or crema		Morg		m, W	est"Vi	rgi	nia

DHMH - 16 60M 7/84 /

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(VRA 15, 4)

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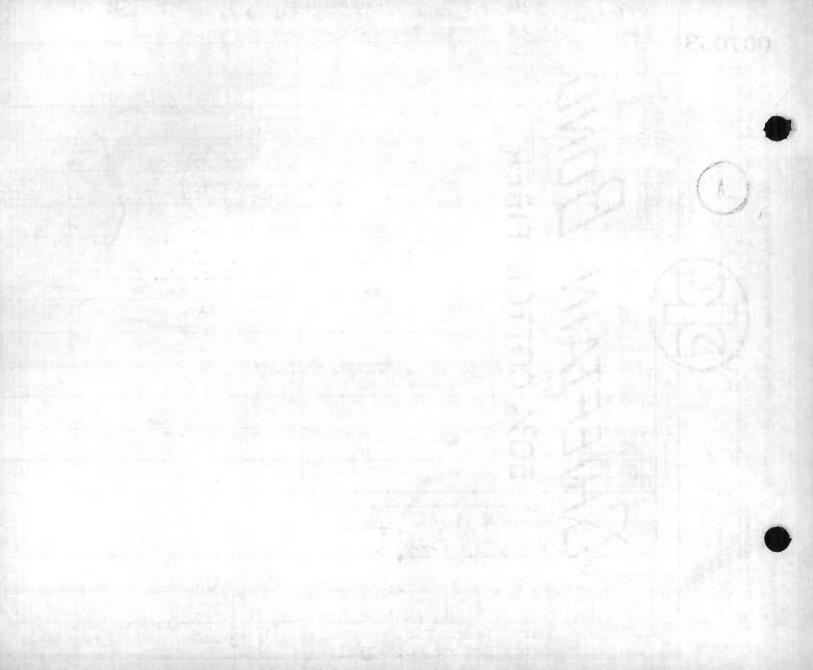
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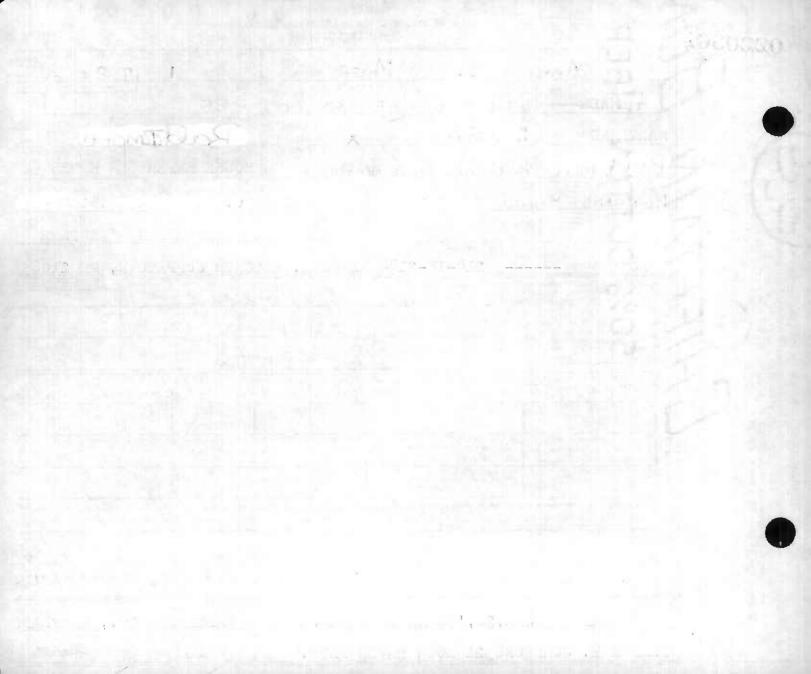
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DIVISION OF VITAL RECORDS	THE CALL	MEDICAL CERTIFICATION		OR G CAUSE OF I				ZIC. HC	W INJURY (OCCURRED	(ENIER NATUR	E OF INJURY IN IT	EM 18 PART I OR	PART 2)	
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	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE STANDORE, MARYLAND, 2	-	EXAMINER'S N. (TYPE OR PRINT	AME	_Thomas [) Smi	i+h M	D.		111	PennS	t Ba	lto.MD		
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(VRA 15, 4)



& Son 2818 E. Baltimore St

(VRA 15, 4)

STATE OF MARYLAND

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STATE OF MARYLAND

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(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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230 BURIAL CREMATION REMOVAL JANA 14.1986 FUNERAL DIRECTOR SOL LEVINSON & BRUS., INC. 6010 FEE ISTERSTOWN RD. BALTO PRESS MD 2 24 FUNERAL DIRECTOR

MICHAEL A. SNITH, M.D.

23 CHYZUK EAMUNOS CREMATORY

23d LOCATION BALTIMORE

GBMC-6701 N.CHARLES ST.

DIRECTOR PHYSICIAN

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24 FUNERAL DIRECTOR

Mitchell-Wiedefeld Home 6500 York Road 21212

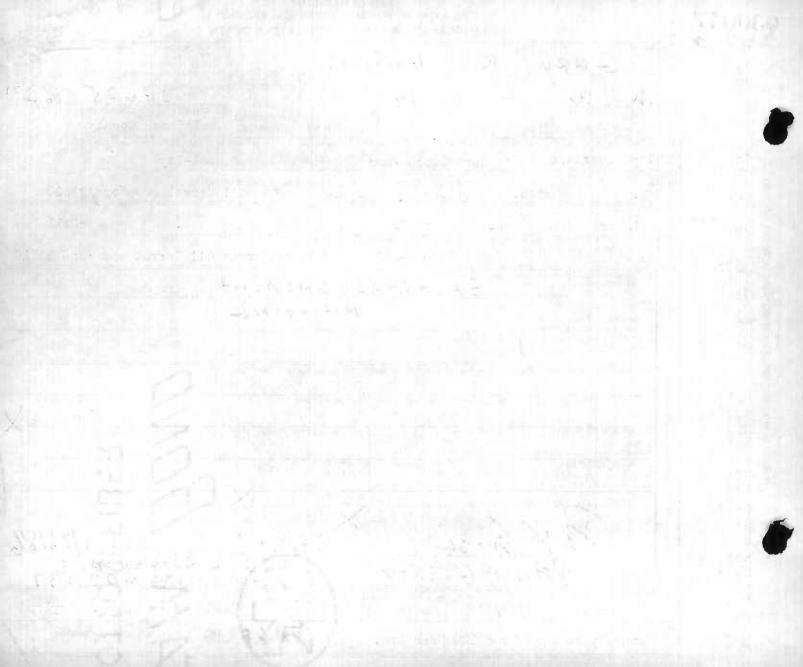
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A 2 2 2 3	2	Maryland ITY OR TOWN OF DEATH	US.	DSPITAL, NURSING HOME, OR O	THER INSTITUTION	120. USUAL OCCUPATION (TYPE OF W	MD.
Calaga	15	wleys Quarte	(IF NOT IN SUCH	FACHITY, GIVE STREET ADDRESS) rrolwood Road	WEX INSTITUTION	FOR MOST OF WORKING LIFE) School-Boy	OR INDUSTRY
AND STATE			NG HOME OR OTHER INSTITUTION, O	GIVE RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
E SECRETARY S	3	Md.	Balto.	Bowleys Quart		411 Carrolwood	Road 21220
S THENS	14.F	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAID!	N NAME MIDDLE	LAST
# 3059E	30	Richard	W.	Norris	Mary	E.	McCall
IMO ER D PAG ORN ON O		WAS DECEASED EVER IN	U.S. ARMED FORCES? F YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
ALT ALT ANGE ASSICT		no		217-08-6138	Richard N	orris 411 Carrolw	ood Road 21220
200		18 CAUSE OF DEATH ((Enter only ane cause per lin	ne far (a), (b), and (c).)		c . 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
A PERSONAL			MMEDIATE CAUSE (o)		OMALIA.		
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DIVISION OF VITAL RECORDS S CERTIFICATE SHOUD BE DECRIFING THE WORD "PRUDING RED TO THE CHIEF MEDICAL ES SHOULD BE USED AS A BUSE AS A BUSE OF HEALTH AND TO PERIOR TO BURIAL CREMATION PRIQRED.	NO	PART 2 OTHER SIGNIFICANT CO	ONOITIONS CONTRIBUTING TO DEAT	H RUT NOT RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PA	RT 1 (a).	
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EXAMINER: CERTIFICAT ULD BE FOR UNITH THE: WITH THE:		death resulted from	Natural sauses .	Accident , Suicide	Hamicide .	Undetermined manner	
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A LUCKER		SIGNATURE	mr //me	Vi	M.D. 1721107	MEDICAL EXAMINER S	ATE 166186
EDIC JTE T NER NOR	7	EXAMINER'S NAME	MAVI-K-	LUERIN	12	01 KRUEGE1	2 AUE
TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE A SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH THE BALTIMORE, MARYLAI	1	(TYPE OR PRINT)	U / U P I		ADDRESS	ALTIM WE M	071237
	23a. E	BURIAL, CREMATION, REM SPECIFY) Burial	1/28/86	Holly Hill		Middle River Ba	Ito. Mary land
BP	24 F	UNERAL DIRECTOR			DATE	REC'D. BY REGISTRAR 25% REGISTRA	R'S SIGNATURE
DHMH - 17 (VR A15 ME (5))		Connelly Fu	uneral Homê	300 Mace Ave. 21	221	3 8 1960 / ~ 20190	W-Nathana
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STATE OF MARYLAND

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

STATE OF MARYLAND

FOR STATE REGISTRAR		DEPART	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYD FICATE OF DEATH	GIENE O () b { o.) 3	
DECEASED NAME	VIRGIE	Maude	PA	HSEL	20 DATE OF DEATH	1-26		3:15 AM
Female	4 RACE	hite	MONT	OF BIRTH DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF U	THS DATS	HOURS MIN.
BIRTHPLACE (STATE OF		U.S.A. ME OF HOSPITAL, NURSI	WIDOW		9 BALTIMORE CITY O Balto. C	0		MD.
Be. STATE	IE VA	OT IN SUCH FACILITY, GIVE STREE F	ING.	+ CONV. CENTE	Housewi Housewi 13 STREET ADDRESS 9112 Carli	fe	INDUSTRY	-6
Md. FATHERS NAME William WAS DECEASED EVE WAS DECEASED EVE WAS DECEASED EVE WAS DECEASED EVE	Balto.	Elmore RCES? 146 SOCIAL SEC	URITY NO.	YES NO A 13. MOTHER'S MAIDEN NA Fannie 17. INFORMANT Catherine D		Hugh	es	
Conditions, if an gave rise to in cause to a state underlying cour	WAS CAUSED BY MMEDIATE CAUS DU y, which mediate ing the DU	E TO OR AS A CONSEQUENCE TO OR AS A CONSEQUEN	LEVEL ENCE OF		rtery Disea			AATE INTERVAL HOUET AND DE ATH
Chr.	ATION 19h	CONDITION FOR WHICH	Lion		20s AUTOPSY3	10h IF YES, W IN CERTIFYIN YES	ERE FINDING IG CAUSES (G5 USED
ON CONTRIBUTING C	CAUSE OF DEATH PK	TIME OF INJURY DUR A.M. MONTH E P.M.	AY YEAR	THE HOW INJURY OCCUR	RED ((WITH WATURE OF POL)	EL PLUTAN III PART	OR 844(3)	

AT HOME STREET FACTORS OFFICE FARM ETC.)

KUWALEWSKI

22e ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN STAFF

23a BURIAL, CREMATION, REMOVAL Burial 1-29-86

23c. NAME OF CEMETERY OR CREMATORY Ross Cemetery

DEGREE MD

Sinking Creek

portion death occurred on the date and hour and from the causes states

STATE

The DATE SIGNED

24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc., Balto., Md. 21214

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DHMH - 16 60M 7/B4 (VRA 15, 4)

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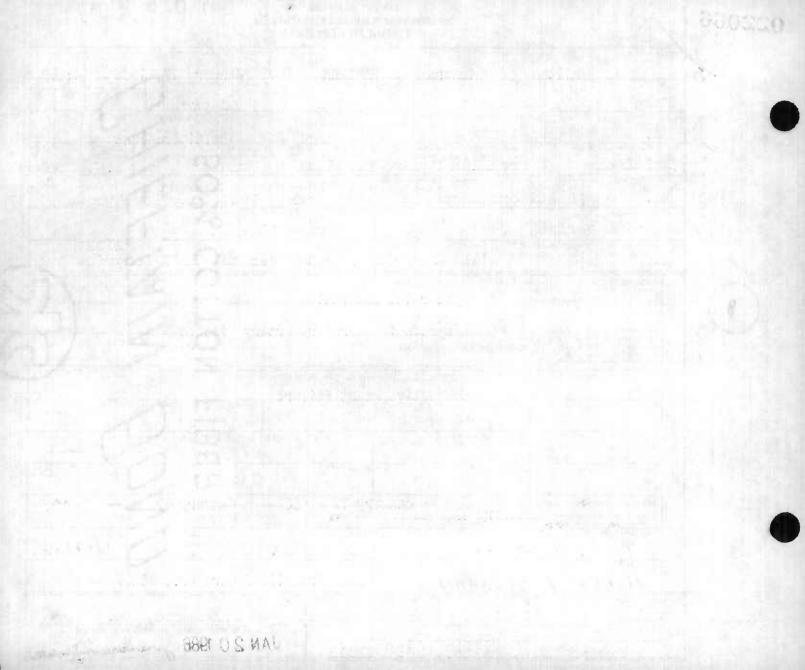
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STATE OF MARYLAND S
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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1	FOR STATE REGISTRAR			HEALTH AND MENTAL HYGIE FICATE OF DEATH	ENE REG. NO.	00 605
	ECEASED NAME FIRST	WIDDLE		LAST .	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(TAI	Elbert !	Francis Par	ker		January 10.	1086
3 SI		4 RACE			6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN.
1	Male	White	May	/	76 y	YRS
7a. 8	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT CO	OUNTRY? 8	ED NEVER MARRIED	BALTIMORE CITY OR COL	UNTY OF DEATH
	outh Carolina	.U.S.A.	WIDOW		Baltimore Cou	
10 0	CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY,		OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	126. KIND OF BUSINESS OR INDUSTRY
	SSEX 21221 JAL RESIDENCE (IF NURSING HOME O		chs Ave.		Tool Repair	Ship Yard
13a.	STATE 136 COU	NTY 13c CIT	YORTOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	
	aryland Balt	more Ess	ex 21221	YES NO NO NO NAMI	1613 Frenchs	s Ave. 21221
Ν.	FIRST	MIDDLE	LAST	FIRST	MIDDLE	LAST
	WAS DECEASED EVER IN U.S. AF	Parker RMED FORCES? 166 SO	CIAL SECURITY NO.	Mattie 17 INFORMANT	McClain	W
		7-30 578	14 4438	Irma Parker ((W+ Pa)	(same)
-	18 CAUSE OF DEATH (Enter o			177112 1 41 101	WITTEN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NO	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A C		T NOT RELATED TO THE TERMIN	nal disease or condition	N GIVEN IN PART 110
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY? 20b IN C	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	ATH HOUR A.M. MO	Y ONTH DAY YEAR 19	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITE	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUI		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22s. I certify that (1) (this hasp sow the deceased alive or above, (1) (we) (did) (did no	Dec.	19.85	nd that in (my) (our) opinion de	, to eath occurred on the date and	d hour and from the causes stated
	226 SIGNATURE CULLYCO	crafone DR PRINTI	Hol	DEGREE ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	271 DATE SIGNED - 1- 11- 86
	C.VERGAR	4. SOARE		6806 HOLAI	BIRD AVE.	BALT. 21222
230.	BURIAL, CREMATION, REMOVAL	1/13/86		cemetery or crematory	Baltimore C	County Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

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Fareral Home PA 1407 Old Eastern Ave JAN

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 030075 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH PALLINE ESTI-DEATH MATED 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY PRONOUNCED DEAD 16 31 54 YRS emale White 70. BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED -DIVORCED Baltimore County Virginia USA CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) Housewife Dundalk 924 Dalton Ave. Home UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13d. INSIDE CITY LIMITS? 30 STATE 13c. CITY OR TOWN 13e. STREET ADDRESS YES NO L 362 Virginia St. 26726 Mineral evser 4 FATHER'S NAME 15, MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST FIRST Julia Bernard Baker 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 21222 (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 234-46-6649 Allen W. Welk 924 Dalton Ave. Balto Md 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 TE, WRITING THE WORK,
RWARDED TO THE CHIEF MEDICAL
REPAGE 3 SHOULD BE USED AS A BU
E STATE DEPARTMENT OF HEALTH A
E STATE DEPORT TO BURIAL CREMA 190. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES | NO T 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME. 21 LOCATION 21d INJURY OCCURRED STREET STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE SI BACTIMORE, MARYLAND, 3 220. I certify that I toak charge of the remain seribed above, held an Autopsy death resulted from: Notural couses Accident Hamicide Undetermined manner MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 1-28-86 Keyser Mineral 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Duda-Ruck Inc 7922 Wise Ave. Balto., Md 21222 (VR A15 ME (5)) 20M 4/82

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

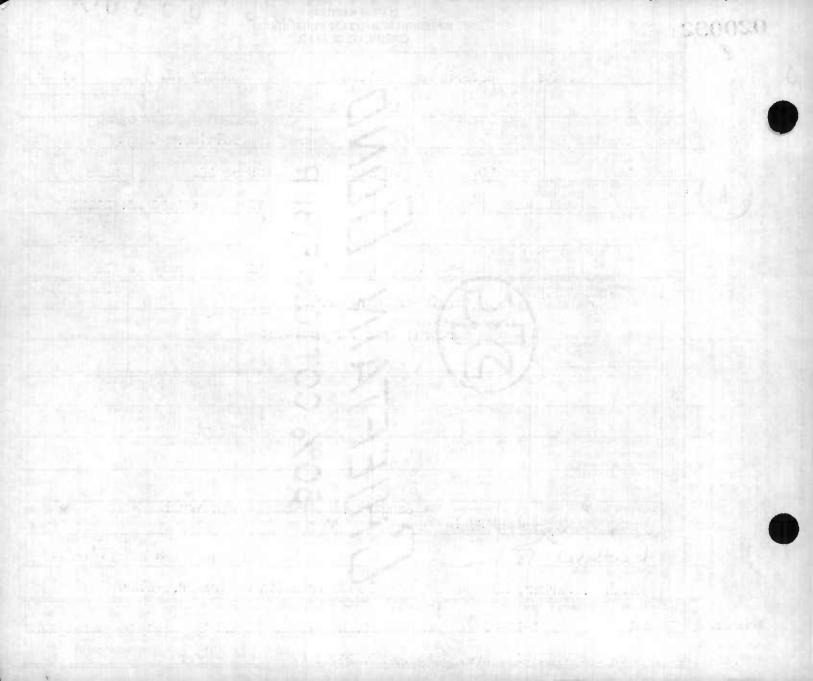
ì	-	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	0.		Marin I
١		CEASED NAME	FIRST		MIDDLE		AST	20 DATE OF DEATH		DAY YEAR	2b HOUR
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	3 SEX			4. RACE		S. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
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λ		nnsylvania		USA		WIDOWE	2222	Baltimo	re Co	ounty	MD.
7	10. CI	TY OR TOWN OF DEA	тн		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATI			OF BUSINESS OR
		sedale		Frankli	in Square	Hosp	ital	Housewife		· Home	
7	USUA 130 S	AL RESIDENCE (IF NURSI	NG HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE		113d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP COD)F	
ž	Mai	ryland		imore	Dundalk		YES NO XX	7549 Westf			22
J	14 FA	THER'S NAME		MIDDLE	LAST	34.1	15 MOTHER'S MAIDEN NAM	WE		LAS	S.T.
	Igr	natz		Hec	cki		Catherine				rvas
۱		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
ď	No				175-20-7	014	Joseph A. Par	vlik Sr	same	as 13e	
â		18 CAUSE OF DEATH	H (Enter on	ly ane cause per						APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
	1939			E CAUSE (a)	Cardiop	u]mor	nary Arrest				
				DUE TO, O	R AS A CONSEQUE	NCE OF					
		Canditians, if any,		(b)	Cerebra	1 Vas	cular Acciden	it			
۱		gave rise to imm cause (a), stating	nediate g the	DUE TO O	R AS A CONSEQUE	NCE OF	Salar Salar	Station of the	50.70		
ı	100	underlying cause	last	(c)				Charles Silv			10000
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	o N					7.7					
	CERTIFICATION	190 DATE OF OPERAT	ION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		ES, WERE FINDI	
	TIFI							YES NOX	Y	res 🗌	NO [
1		21g. ACCIDENT WAS UND	hop	110110 1	FINJURY M. MONTH DA	Y YEAR	21t. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
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Н	(ED)	21d INJURY OCCURR	ED	21e PLACE	OF INJURY	ARM FTC 1	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
ı	2	AT WORK AT WOR	K L				3-11-3		104		
d		220.1 certify that	this haspi	tal) attended th	e deceased fram_	Janua	ary 12 19_86_	₁₀_January			that $\mathcal{R}(we)$ last
ı		saw the decease abave (we) (d 22b. SIGNATURE	d alive an	Janua	atter death	86 , ai	nd that in (Ka) (aur) apinian (death accurred on the do	ate and ha		
ij		226. SIGNATURE		7			DEGREE	WEDICAL COA		22¢ DATE	
Ú		Reita	w.	Tark		746	ATTENDING PHYSICIAN	MEDICAL STAT	IAN X	1/	13/86
ìÌ		224 PHYSICIAN'S NA					22e ADDRESS		0	2007	
		Keith W.	Park	ker, MD			9000 Frankli	in Square Di	., 2	1237	
	23o 8	URIAL, CREMATION, I	REMOVAL	23b DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
	Bu	urial		1-17-86	Sac	cred	Ht. of Jesus	Dundalk	_Bal		Maryland
	24 FL	INERAL DIRECTOR			ADDRESS			E REC'D. BY REGISTRAR	264 DECLE		1105 4
	Duc	Ra-Ruck Inc	792	Wise 7		O M	d 21222 JA	N 1 6 1986	من ما ما ما الم	MA (600) -1	

Duda-Ruck Inc 7922 Wise Ave. Balto., Md. 21222

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

DHMH - 16 60M 7/84

(VRA 15, 4)



0	20096	1-	FOR STATE			EPARTMENT O	FHEALTH		INDIENE 0 0	6 U	8	
U	208		REGISTRAR		MED	ICAL EXAMI	NER'S C			G. NO.		
	2000		CEASED NAME E OR PRINT)	MARL	_ON	MIDDLE	PAY	NE .	20. DATE KNOW OF ESTI- DEATH MATER	1 11	-86 ₉	2b. HOUF
	Y, PLEA URECTO UR FILL 12 HOU N STREI	3 SE	-		DATE OF BIRTH	YEAR 6 AGE (IN		DER I YR. IF UNDER	224 HRS. 2c. DATE MIN PRONOUNCED DEAD	MONTH 1-11	-86, o	PAM
	I IS NECESSARY, PLEASE HE FUNERAL DIRECTOR. GE 5 FOR YOUR FILES. ELD, WITHIN 72 HOURS. DI W. PRESTON STREET,	7a. B	RTHPLACE (STATE OR PEIGN COUNTRY) Md	ack	4 10 76. CITIZEN OF WH	AT COUNTRY?	8. MARRI	ED NEVER MARR	An I	TY OR COUNTY	OF DEATH	
	THE FULLED W		TY OR TOWN OF DE		11. NAME OF HOSE	PITAL, NURSING HO	S)	ER INSTITUTION	12a. USUAL OCCUPATION FOR MOST OF WORKING LIFE		KIND OF BU OR INDUST	USINESS TRY
	30 m 30	USU	Andallstow AL RESIDENCE (IF IN N TATE		OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMI	SSION)	al Hospita 13d INSIDE CITY LIMITS?	13e STREET ADDRESS			
D. 212	12, AND 3 TO SHOULD ALKECORD		Md ATHER'S NAME	138. COOINT		Randalls	town	YES NO X	4709 Belle I	Forte Ro	ad 212	08
DRE, M	PAGES 1, ORM PM ES 1 ANO ON OF VIN	M-	ichael		MIDDLE	Payne		Marlene			Floyd	
ALTIM	URS AFTER DE S. GIVE PAGE WITH FORM I. PAGES I AN DIVISION OF		VAS DECEASED EVER ES, NO, OR UNKNOWN) NO	(IF YES, GIVE W)		218-08-6		Marlene F	Payne 4709 Be	RESS 11e Fort	e Road	
ST., B	24 HOURS ITEM 18. G LONG WIT PERMIT. P GIENE, DIV		18 CAUSE OF DEA PART I DEATH V	TH (Enter only VAS CAUSED I	BY: M	for (a), (b), and (c).) eningitis					APPROXIMAT BETWEEN ONSE	TE INTERVAL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	ECUTED WITHIN 22 IN TOOL IN IT ALE EXAMPLE ALC USE TENNET PROPERTY INTO PERMON		Canditions, if gave rise to cause (a) statin lying cause last	immediate g the <u>under</u> -	(b)	AS A CONSEQUENC	E OF	OR CONDITION GIVEN IN PA				
AL RECORE	HEALT CREATER	CERTIFICATION	19a DATE OF OPER			ION FOR WHICH OP			uri 1 0 .	97.1.5	20 AUTOPSY	Y?
ON OF VITA	PICATE SHO THE WORD OUTD BE UK OUTD BE UK STAMENT OF OR TO BURL		210 EXTERNAL CAU UNDERLYING CONTRIBUTING	OR		INJURY MONTH DAY YE		OW INJURY OCCURRE	ED LENTER NATURE OF INJURY IN ITI	EM 18 PART I OR PART	YES 🔀	NO 🗌
DIVISION	WRITING ARDED A ACE 3 SH ATE DEPA	MEDICAL	214 INJURY OCCUP WHILE NOT AT WORK AT V	RED WHILE D	21e PLACE O STREET, FACTO	FINJURY (ATHOME, DRY, FARM, ETC.)		EATION	CITY OR TOWN	COUN	τY	STATE
•	LEXAMINER: THE CERTIFICATE, OULD BE FORW ALD DIRECTOR: PART HAND THE STATE OF THE S			I taak charge	ľVΊ	ribed above, held an	Autop Svicide	Hamicide TITLE (SPECIFY) Assistant	Undetermined manner	and in my apin DATE SIGNED.		-86
	TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL! AFTER DEATH BALTÍMORE. M		EXAMINER'S NAME	Marg	jarita A.	Korell,M.	D.	111 Pen		SIGNED.		
07/84	Bb	23a B	URIAL, CREMATION, PECIFY) Burial		DATE 1/15/86	23c. NAME OF C Arbutus		ial Park	Arbutus	COUNTY	M	ď
25M	DHMH - 17 (VR A15 ME (5))		Tiam C.	March F	-/H West	4300 Waba	sh Ave	nue JAN	1 6 1966 4	REGISTRAR'S SIG		W -

STATE OF MARYLAND

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FOR	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

ч		REGISTRAK							REG. NO	D.		
ı		CEASED NAME	FIRST	A	AIDDLE	ı	AST		20. DATE OF DEATH	MONTH I	DAY YEAR	26. HOUR P
1			Mary		Rose	PER			January :	24, 198	36	9.00 M
	3. SEX	Female	4	White		5. DATE C	arch 15.		AGE (IN YEARS LAST BIR	YRS	MONTHS DAYS	IF UNDER 24 HRS
1		timore, Mo		USA USA	what country?	8 MARRIE WIDOWE	DEVER MAR	RIED L	Baltimore city o	-		MD.
1		ossville			HOSPITAL, NURSIN		TAL		TOUS WORK FOR MOST	ON	126. KIND C	DE BUSINESS OR
7	JSUA 126. S MIS	TATE TYLAND	13b COUNT	HER INSTITUTION	BAT CHIO	re ADMISSION)	13d. INSIDE CITY YES 🛣 NO	LIMITS?	3. STREET ADDRESS	ZIP CODE	son St.	21224
	I4 FA	ther's NAME Charle:	s Thor	nas Be	ck		15. MOTHER'S MA	osemai	ry Krall		LAS	51
	16a W	VAS DECEASED EVER	IN U.S. ARMI		219 10		Fulgenci	ia Per	ez, Husband		ame	
ı		18 CAUSE OF DEAT	H (Enter only	one couse per	fine for (a), (b), on	id ici					BETWEEN	MATE INTERVAL ONSET AND DEATH
		, PARTI DEATH V	IMMEDIATE	CAUSE (0)	spirator	y Fai	lure			4000		
					R AS A CONSEOU							
		Conditions, if any gave rise to imi	mediate				ast Cance	<u>or</u>				
		underlying couse		DUE TO, OI	R AS A CONSEOU	ENCE OF						
Ì		PART 2 OTHER SIGI	VIFICANT CO	NDITIONS CO	INTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CON	DITION GIV	EN IN PART 1	0
,	NOL											
1	CERTIFICATION	19a. DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORM	ED	20a AUTOPSY? YES □ NO □	20b. IF YES IN CERTIF YE	S, WERE FINDING CAUSES	NGS USED S OF DEATH?
		210. ACCIDENT WAS UNI	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJUR	RY OCCURRE	D (ENTER NATURE OF INJUI	EY IN ITEM 18 P	ART : OR PART 2)	
	MEDICAL	21d. INJURY OCCUR	RED	21e PLACE			211. LOCATION STREET		CITY OR TO	wN	COUNTY	STATE
		220.1 certify that	(this hospito) ottended the	e deceased from	ANHAR'	Y 13	19-86	oth occurred on the do	24	19-26	than (i (we) last
			ed alive on 1	anua kayy	of 4 death 19			r) opinion de	oth occurred on the do	ate and hou	r and from the	couses stated
		226 SIGNATURE	ley ?	mO,			MI) PHY	NDING SICIAN	MEDICAL STAF		22c DATE	SIGNED J
		Diraini	a AS	hley			FSA)	9000	Franklin S	Square	e Dr.,	21237
	230 B	urial CREMATION,	REMOVAL	1/27/	86 Ho	NAME OF C	EMEJERY OR CREATE MEMORIAL	MATORY G	234 LOCATION ardens Town Ba	altimo	remico.	Masiate
-	24 FU	uzdžinski	Funera	1 Home	PA) 1407	ola I	eastern A	250. DATE	REC'D. BY REGISTRAR		RAR'S SIGNAT	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTATE If them 21 is marked at the Letter's any injury, or other traumatic event, the nedical

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

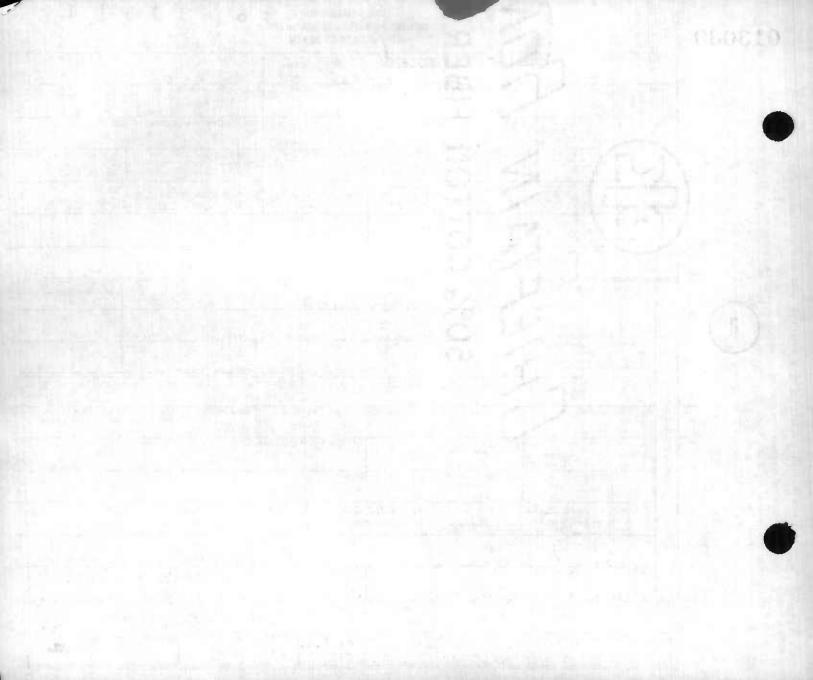
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(VRA 15, 4)

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	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
STATE	CERTIFICATE OF DEATH

13030	1.	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HÝG ICATE OF DEATH	IENE REG. NO	
2 2 5				DERICK		2a DATE OF DEATH	MONTH 1 DAY 6 YEAR 6 26 HOUR
4 moy the pog other de	1.58	Male	A RACE White	S. DATE C	12 DAYL O YEAR O'	AGE (IN YEARS LAST BIR	HDAY) FUNDER I YEAR IF UNDER 24 HRS
And dies		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNT U.S.A.	RY? 8 MARRIE WIDOWE	- 23 - 1906 Never married DI DIVORCED	9. BALTIMORE CITY O	RCOUNTY OF DEATH TE County
1135	T	Randallstown	11. NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY. GIVE ST Baltimore Cou	nty Gen	eral Hospital	12d USUAL OCCUPATION (TYPE OF WORK FOR MOST O	ON FWORKING LIFE) 126. KIND OF BUSINESS C INDUSTRY. Machinist
tilled in	1	Maryland C	or other institution give residence by UNIY arroll Westmi		YES NO X		rsuch Road 21157
10/1/2	1	Charles	A. Psei	0 0	15. MOTHER'S MAIDEN NAM Maggie	MIDDLE	Brooks
Do some	1/1		ARMED FORCES? 16b SOCIAL S W T 212-09		Peggy Dovel	e Same as	# 13
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSED IN MARCH	anly one couse per line for (a), (b) SED BY ATE CAUSE (a) R LS P A	, and (c))	Acrest.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
unes that the augment by the augment become income and augment to a beneal or the tra	z	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE (c) RECEPTIONS (CONDITIONS CONTRIBUTING	OUENCE OF	CONSISTING	n Function	DITION GIVEN IN PART 1(0)
7	THEATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{YES} \(\text{NO} \)
CLAN. 19 a physical arthoris resultrassis and thysical ben 18 th	CAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18. PART 1 OR PART 2)
ostendin street flux to and Me street or	WEDI	216 INJURY OCCURRED HILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE FARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN COUNTY STATE
CTOR At for one of the other of Health	1		pital) ottended the deceosed from 1-6 1		d that in (my) (our) apinion of	, to, to	. 19, that (I) (we) lote and hour and fram the couses stated
7.AL DIRECTAL DIRECTA		Collon 1.	Churaus	n.0	DEGREE ATTENDING PHYSICIAN	MEDICAL STAP	220 DATE SIGNED
D HOSPI bailed by the Shape Sport And the Shape Sport And Sport An			hingus Mid		Ballomone		dallstown, MD.
BP		BURIAL, CREMATION, REMOVA	AL 23b. DATE		EMETERY OR CREMATORY Park Mausolew	23d. LOCATION	
DHMH - 16 60M 7/84 (VRA 15, 4)	16 16	rogam. Russe 30 Edmondson A	ll C. Witzke Four	neral H le, MD.	Unies I.A.	REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

087	1-	FOR STATE REGISTRAR		DEPAR	TMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	0 6 1	5
		CEASED NAME FIRST		WIDDLE		LAST	20. DATE OF DEATH MON	TH DAY YEAR	26 HOUR
53 VA		LAURI	ENCE	Μ.	PHEI	LPS	January 9,	1986	8:10p m
12 1	1.5E	(In the second	4 RACE		5 DATE (OF BIRTH H DAY YEAR	& AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER 1 YE	
SE POL	Ма	le	Whi	te		29, 1897	88	YRS.	
2 6/2	JE BI	RTHPLACE I MATE OF FOREIGN	16 CITIZEN O	F WHAT COUNTR	Y? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DEATH	
1 20		rginia	U.S.A		WIDOW		Baltimore		MD
(9/	10 C	TY OR TOWN OF DEATH		F HOSPITAL, NURS		OR OTHER INSTITUTION	12a USUAL OCCUPATION		OF BUSINESS OR
-10	St	oneleigh		Hill Nu:		Home	Retired		l Service
da al	USU:	TATE 13b. CO	E OR OTHER INSTITUTIO	13c. CITY OR TO		1136 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZI	P CODE	
11/2	Ma	ryland Bal	timore	Towson		YES NO	204 E. Jopp		21204
	14 FA	THER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NAM			LAST
CASH!				Unknow	n			Unk	nown
8 /		VAS DECEASED EVER IN U.S.	ARMED FORCES		CURITY NO	17 INFORMANT	ADDRESS	elrav Bea	ch,F1.334
lease remave ial, crematiai ar other traur		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO,	or as a consec	DUENCE OF				
Then portabury, injury,	NOIL					NOT RELATED TO THE TERM			
giene prior	CERTIFICATION	19a DATE OF OPERATION		DITION FOR WHIC	CH OPERATIO	ON WAS PERFORMED	YES NO	b. IF YES, WERE FIN I CERTIFYING CAUS YES []	NO _
entol Hyg		?10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM	DEATH HOUR	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART	2)
h ond M	MEDICAL	216. INJURY OCCURRED		E OF INJURY SWEET, FACTORY OFFIC	E. FARM ETC)	.21f LOCATION	CITY OR TOWN	COUNTY	STATE
e detached for use of eduched for use of State Dept of Health		278.1 certify that (13) this he saw the discounted also obover 1) wer (discounted also obover 1) were (discounted also obover	npital) attaced No	the deceased from U ZZ 19 Is after death	85.	nd that in (m) (aur) apinian of DEGREE ATTENDING PHYSICIAN	medical STAFF	22c DA	the causes stated
ORT.		Marc I. Le	avov M	D		7600 Osler D		Md 21204	
sho with		URIAL, CREMATION, REMOV			NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
	Bu	specify) rial	1-11	-86 s	t.James	s Episcopal	Monkton,	Balto	., Md.

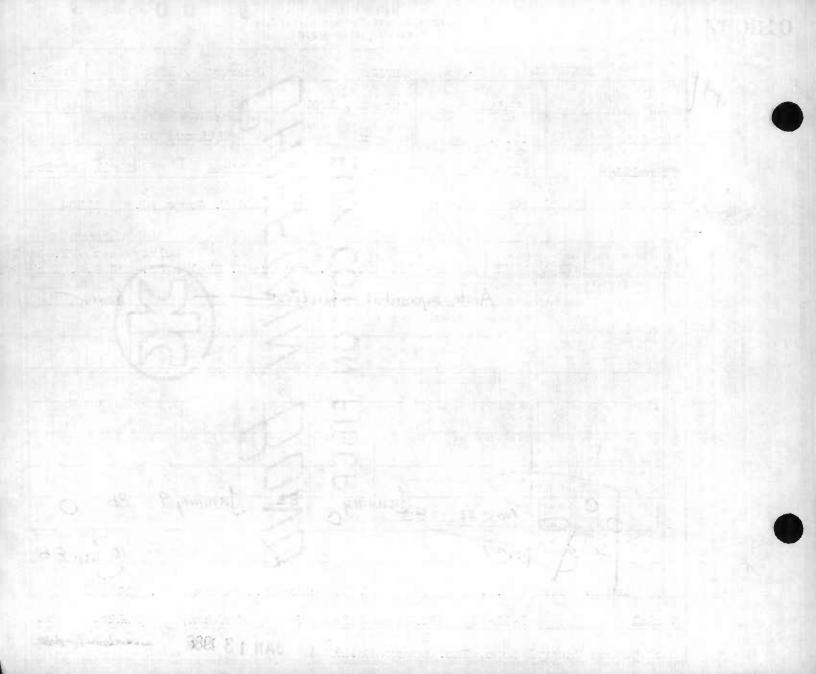
ADDRESS 1050 York Rd.

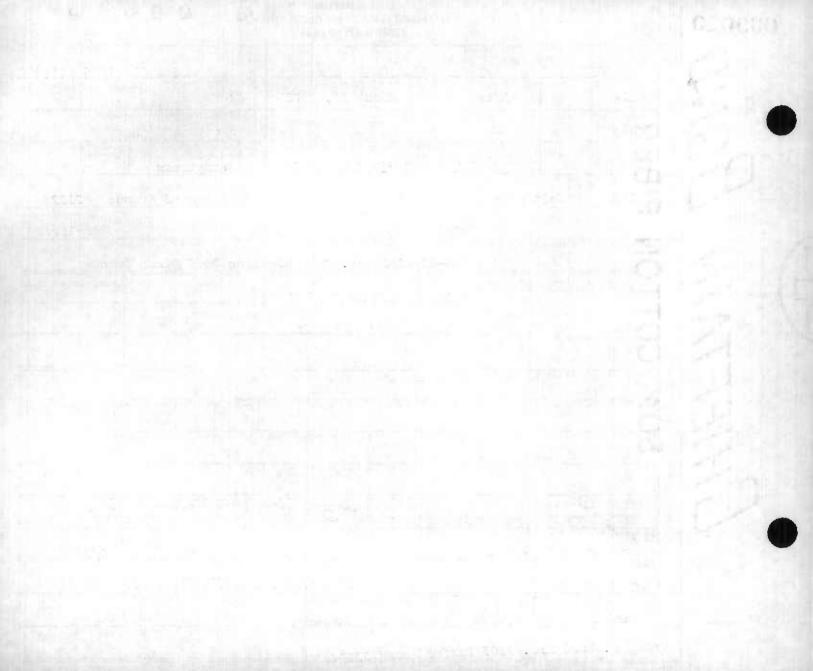
Ruck Towson Funeral Home, Inc. Towson, Md. 21204

250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATUS AND 13 1986

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF D	EATH	REC	. NO.			
-	TYPE OR PRINT) Vittor	FIRST	٨	DIEDO) ΓΕΔ7Ι(AST		January	1 MONTH	1986	6:55 p	<u>м</u>
	3. SEX		RACE	FIER	S. DATE C			6. AGE (IN YEARS LA	T BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS	_
1	Male		White		Jan	1 DAY	1906	80	YR		HOURS MIN	
4	o. BIRTHPLACE (STATE OR COUNTRY) Ttaly	FOREIGN 7	USA		WIDOWE	A 1-26	VORCED	Baltimore Cit		unty	M	ND.
	Rossville	ATH 1	(IF NOT IN SUCI	in Square	ADDRESS)		TITUTION	12a. USUAL OCCU (TYPE OF WORK FOR MI Retired-	ST OF WORKIN		OF BUSINESS OF	R
)	USUAL RESIDENCE (IF NUR. 130 STATE Md.	13b COUNT Balte	Υ	ISC CITY OR TOWN		130 INSIDE C	ITY LIMITS?	344 Nicho	ss / ZIP Colson	Road 212	21	Ī
1	14 FATHER'S NAME Gerardo	м	DDLE Pi	erorazio			MAIDEN NAM FIRST Ta	Anna MIDD	. Ma	rlangelo	51	
	160 WAS DECEASED EVER (YES, NO OR UNKNOWN)		ED FORCES?	213-36-3		17 INFORMA Elena		razio 344	DRESS	laan Paa	J 21221	
	18 CAUSE OF DEAT PART I. DEATH W	/AS CAUSEĎ IMMEDIATE	CAUSE (o) Co	ardiopulm RASA CONSEQUE Pulmonary	onary	Arres				APPROX	(IMATE INTERVAL ONSET AND DEATH	
	gove rise to improve (o), stotic underlying cause	ng the lost.	DUE TO, OF	R AS A CONSEQUE	NCE OF		TO THE TERM	INAL DISEASE OR (ONDITION	GIVEN IN PART 1	lo:	_
A.	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY? YES NO	IN CE	YES, WERE FIND! RTIFYING CAUSES YES		
7	210. ACCIDENT WAS UNION OR CONTRIBUTING 210. IN JURY OCCUR	CAUSE OF DEATH	21b. TIME OF HOUR A.A P.A	M. MONTH DA	Y YEAR	21c. HOW IN		RED (ENTER NATURE OF				
	AT WORK AT WO	RK _		et FACTORY, OFFICE, F	Janua	street 21	. , 86	Janua to Janua	ry 28	COUNTY	that X (we) lo	
	220.1 certify that	1 1	January	28	86				10.1	. ' ' '	(we) 10:	,1

TO FUNERAL DIRECTOR: After etoined by the hospital should be detached with the State Dept. BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT.

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

Keith W Parker

236 DATE 2/1/86

nti view the body ofter death

23c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery

DEGREE

9000

ATTENDING PHYSICIAN

Franklin

23d. LOCATION Baltimore

MEDICAL STAFF
DIRECTOR PHYSICIAN

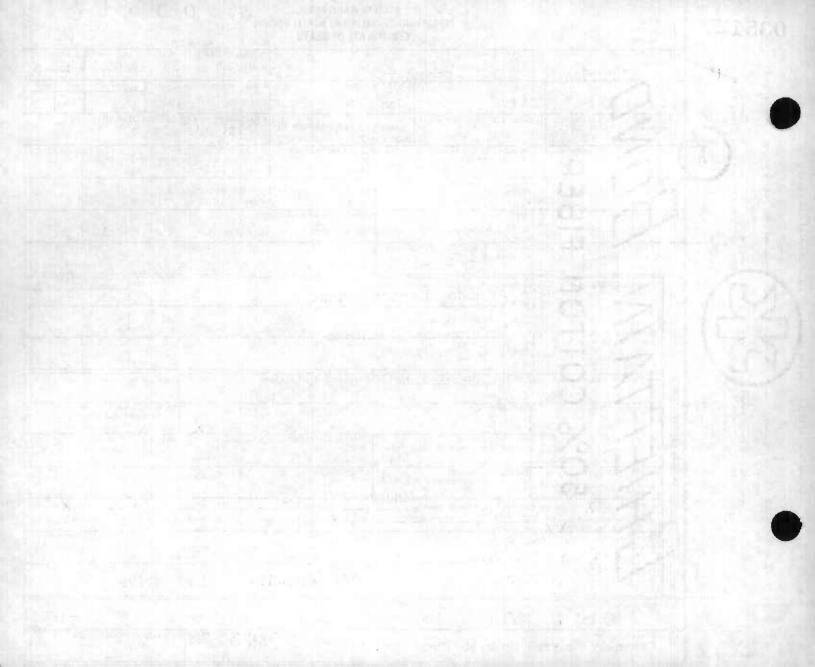
Square

Drive

Maryland

22c. DATE SIGNED

24. FUNERAL DIRECTOR Connelly Funeral Home 300 Mace Ave. 21221 250 DATE AND 3 MG 1980 SE REGISTRAR'S SIGNATURE



DHMH - 16 60M 7/ (VRA 15, 4)

10033	1-	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		5 1 8
oy be	(TyPE	ORPRINT) WAYNE		PIETRA	JAN. 7	1 1986 PAR 1986 M
director ours after	J. 5E)	MALE RTHPLACE ISTATE OR FOREIGN	4 RACE WHITE 76 CITIZEN OF WHAT COUNTRY	5. DATE OF BIRTH MONTH JAN-1, 1949		IF UNDER 1 YEAR IF UNDER 24 HRS
	6	BALTO. MD. TY OR TOWN OF DEATH	U.S.A.	MARRIED PNEVER MARRIED WIDOWED DWORCED DING HOME OR OTHER INSTITUTION	BALTO. CO.	MD.
on the	1	ALTO. AL RESIDENCE (IF NURSING HOME OF	2" SERPEN	STROORS ON THE ADMISSION I	TYPE OF WORK FOR MOST OF WORKING HEE	SOC. SEC.
the 24 h	13a S	MD. 13b COUNTY BA	150. CO. 13 BALE	13d INSIDE CITY LIMITS? YES NO NO NOTHER'S MAIDEN NO	130 STREET ADDRESS ZIB CODE	CT31721
12	1		MED FORCES? 1166 SOCIAL SEC	PA PATTZIO	CIA ANN	WITT
e be ess cost and en. Pops fit.		NO	220 - 42	1.8368 FAM	THE RECORDS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA)	D BY. TE CAUSE (o)	Dulmmay,	arex	BETWEEN ONSET AND DEATH
1		Conditions, if ony, which gove rise to immediate couse (a), stating the) (b)	DENCE OF CONDENS	lue	
es that it please to priorial, are y, or othe		underlying cause last.	DUE TO, OR AS A CONSE	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	EN IN PART ILO
An requirement of the second o	CERTIFICATION	19a DATE OF OPERATION		H OPERATION WAS PERFORMED	10s AUTOPSY 20b. IF YES,	WERE FINDINGS USED YING CAUSES OF DEATH?
a physical servicions of servi	CAL CERT	71a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		DAY YEAR	RRED (ANIME HALL) OF HUMBY IN ITEM 18 PA	
NG PHYS other this can the but th and M	MEDI	Id. INJURY OCCURRED WHILE ON WHILE OF WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	1 2	CITY ON TOWN	COUNTY STATE
ATTENDI ripital or CTOR A frommer of Health		saw the deceased alive on above, [J] (we) (did) (did) for	tol) attended the elecement from	2 June that in (my) (aur) apinian	death accurred an the date and haur	9 1, that (1) (we) last and from the causes stated
by the lot by the lot let be defecting the String Dept.		22b. SIGNAT	heip	DEGRÉE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/3/16
O HOSP stolled 1 TO FUNE should be with the 3			ZEILICH L	1604 CHURU	CHVILLE, RD.	
ВР		BYRIAL SEPTEMBER SPECIAL	1-4-1986 F	NAME OF CEMETERY OF CREMATORY ARK WOOD CEMP.	PAREVILLE	37 LD (000)
DHMH - 16 60M 7/84	74 EL	ANYS PHADEL	OF MEMORIES	8800 HATTLE OF DECK. DA	MEND BY BG 1990 Sh REGISTE	AR'S SIGNATURE

DIVISION OF VITAL RECORDS, 201 W, PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGTENE

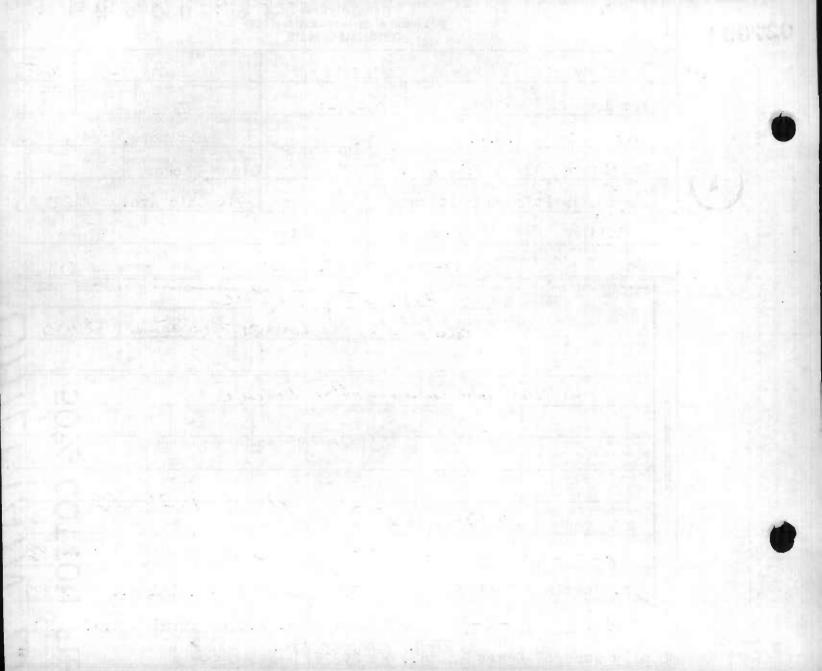
V	REGISTRAR			CEKTIF	ICATE OF DEATH	RE	G. NO.		
	CEASED NAME FIRST		MIDDLE	1	AST	20. DATE OF DEA		DAY YEAR	26 HOUR
(IAb	EORPRINT) Elizabet	b C.	PILKERT	ON		January	26. 19	186	5:00A M
3. SE	x Elizabel	RACE	, , , , , , , , , , , , , , , , , , , ,	5. DATE C		6 AGE (IN YEARS LA		IF UNDER 1 YEAR	IF UNDER 24 HRS
1	Female	Whi		2-2	0-04 YEAR	81	YRS		HOURS MIN.
70 B	and the second s		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CI	TY OR COUN	ITY OF DEATH	
_	Md.	U.S.		WIDOWE	DIVORCED	Baltimon		ity	MD.
L	Rossville	Frank	h Facility, GIVE STREET LIN Squar	e Hos	prother institution pital	TYPE OF WORK FOR A Housew:	AOST OF WORKING	3 LIFE) 12b. KIND C INDUSTRY	OF BUSINESS OR
12a.	AL RESIDENCE (IF NURSING HOME OR OF STATE 136 COUN		13c. CITY OR TOW Balto.	N	13d INSIDE CITY LIMITS?	130.STREET ADDR 4208 Mai	ess / zip co	21 206	
	ATHER'S NAME	IDD1E	IAST		15 MOTHER'S MAIDEN NAM	NE MIDI	DIE	LAS	
L	Joseph		Hooper		Billie	May		ones	
160	WAS DECEASED EVER IN U.S. ARA	NED FORCES?	166 SOCIAL SECU		17 INFORMANT		DDRESS		21214
	NO (IF YES, GIVE		218-68-1	577	Charlotte A.	Matheny	4508	Harcourt	Rd.
7 30 30	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost PART 2 OTHER SIGNIFICANT CO	DUE TO, OI	r as a conseque	ntrac	ranial hemorrh		CONDITION (GIVEN IN PART 100	0
CERTIFICATION	19a DATE OF OPERATION	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CER	YES, WERE FINDIN TIFYING CAUSES YES	NGS USED OF DEATH? NO
1000	(IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME O HOUR A.	M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCURRE	ED (ENTER NATURE O	F INJURY IN ITEM I	8 PART I OR PART 2)	
MEDICAL	21d INJURY OCCURRED NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F		211 LOCATION STREET	СПУ	OR TOWN	COUNTY	STATE
THE STREET	22a I certify that Withis hospital sow the deceased alive an above, the (we) (did) (d) 1 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR	PRINTS	v 26 19 8	, on	DEGREE CAN ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	HOUSE STAFF HYSICIAN	22c. DAY	couses stated
	BURIAL, CREMATION, REMOVAL Burial	23b. DATE 1-30-	23c. N	arkwo	EMETERY OR CREMATORY	23d LOCATION CITY OR TOV Balto	VN	COUNTY	STATE
24 F	UNERAL DIRECTOR	Torre	ADDRESS	(1 01	250. DAJE	REC'D. BY REGIST		ISTRAR'S SIGNAT	URE Wandell

DHMH - 16 60M 7/84 (VRA 15, 4)

Leonard J. Ruck, Inc., Balto., Md. 21214

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Dalto,	hoo dan	1 38-85	Inian
	H. 21214 . Hill	,.on ist ,.ou ,.	Leonard J. Paci

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 027004 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO. 20 DATE OF DEATH 26 HOUR DECEASED NAME TYPE OR PRINTS 21-86 Sylvia Pindell Mae IF UNDER 1 YEAR 6. AGE (IN YEARS LAST BIRTHDAY) S DATE OF BIRTH 4 RACE SEX MONTHS DAYS HOURS MONTH YEAR Female White 02 - 24 - 169 BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Baltimore. County U.S.A. Pennsylvania WIDOWED DIVORCED | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12g. USUAL OCCUPATION 17h KIND OF BUSINESS OR II. CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore Ohio Ave. Glass Packer 16 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
113b. COLINTY Baltimore 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 2916 Ohio 21227 Baltimore Ave. NO X 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE William Stanley Louise Klopp ADDRESS 16b. SOCIAL SECURITY NO. 17 INFORMANT IAN WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-26-492 Mrs. Sylvia Schafer as same 18 CAUSE OF DEATH (Enter only one couse per line for (a), (bigand (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (D) OR AS A CONSEQUENCE OF Carcinomo Conditions, if any, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause DIVISION OF VITAL RECORDS, 301 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED bee 20a AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION à. IN CERTIFYING CAUSES OF DEATH? YES [NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from _ and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED DEGREE 226. SIGNATURE 1-22.86 MEDICAL ATTENDING PHYSICIAN TO DIRECTOR PHYSICIAN FUNERAL I 22e ADDRESS 214 PHASICIAN'S NAME (TYPE OR PRINT) r. Justinas Kudirka Annapolis Rd. Balto., MD with 0 23d LOCATION 23¢ NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION, REMOVAL 23b. DATE STATE COUNTY 1-25-86 Haven Mem.Pk.Glen Burnie BP Burial 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 25M 230 RESSE. Patapsco (VR A 15 (4)) 9/74 McCully Funeral Homes Balto. MD 21225



	STATE OF MARYLAND
	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
TE	CERTIFICATE OF REATH

& Zeiler Inc./700°50. Conkling

6 2

8	1-	FOR STATE REGISTRAR			DEPART		EALTH AND MENICATE OF DEA		REG. NO			*
		EASED NAME	FIRST		MIDDLE	(AST		26 DATE OF DEATH		AY YEAR	2h HOUR
1	{TYPE	OR PRINT)	ORGE	W		PI	IGLEY		JANUARY 5,	1986		6:30 am
	3. SEX	(4 RACE		5. DATE C			6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
9	MA	LE	949	Whit	е	02	12 DAY 19	34	51	YRS.	ONTHS DAYS	HOURS MIN.
A		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	D NEVER MAR	RIED T	9 BALTIMORE CITY O	RCOUNTY	OF DEATH	
		ST VIRGINI	A	U.S.A.		WIDOWE		RCED X	BALTIMORE	CHIE	CO.	MD.
	10 CI	TY OR TOWN OF DEA	TH		HOSPITAL, NURS I		OR OTHER INSTITU	TION	12a USUAL OCCUPATE			F BUSINESS OR
5		RT HOWARD		V.A.M.C	C., FORT	HOWARI	MARYLA	ND	Wax Adjus		Md Cu	up Co.
5	13a S	AL RESIDENCE (IF NURS) TATE RYLAND	13b COUN		131. CITY OR TOV BALTIMOR	NN	136 INSIDE CITY		3130 FAIT A		21	1224
,31	14 FA	THER'S NAME	LUL.	MIDDLE	1457		15 MOTHER'S MA		ME MIDDLE			
(1	HAYDEN		MODIL	PINGLEY		BERN	ICE	MIDDLE		BENNET	r
	160 W	VAS DECEASED EVER			166 SOCIAL SEC		17 INFORMANT		ADDRE			
	YE	S	POST	KOREAN	234 52	5121	CLINICAL	RECC	ORD, VAMC, E	ORT H		MARYLAND IMATE INTERVAL ONSET AND DEATH
	CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), stoting underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT	nediote g the lost.	DUE TO, CONDITIONS C	dr as a conseou	VASCU		THE TERM	INAL DISEASE OR CONI	20b. IF YES, IN CERTIFY	WERE FINDING CAUSES	NGS USED OF DEATH?
-0.00	ERT	21a. ACCIDENT WAS UND	ERLYING T	216 TIME C	OF INJURY		121c HOW INJUR	Y OCCURR	YES NO KK			NO 🗌
2		OR CONTRIBUTING . C	AUSE OF DE	HOUR A	M. MONTH D				The state of the s			
	MEDICAL	(IF EITHER NOTIFY MEDIC 216 INJURY OCCURR WHILE NOT WH	RED	21e. PLACE	.M. OF INJURY REET, FACTORY, OFFICE	FARM ETC)	211 LOCATION STREET		CITY OR TO	wn	COUNTY	STATE
		22a.1 certify that (1) sow the decease above, (1) (we) (d) 22b. SIGNATURE	(this hospi ed olive on lid) (did no	JANUARY 1) view the body THE	5 198	36	nd that in (my) (our DEGREE ATTE PHY	NDING SICIAN	, to JANUARY death occurred on the do	ote and hour		SIGNED
		224 PHYSICIAN'S NA			11/14/18		22e. ADDRESS					
		ALEJANDRO	RIVA	ROLA M.	D.	12	VAMC, F	ORT H	OWARD, MD	2105	2	
		URIAL, CREMATION,	REMOVAL	23b. DATE	23c.	NAME OF C	EMETERY OR CRE/	MATORY	236 LOCATION		COUNTY	STATE
	04.51	Burial		1/8/	/86 (Dak	Lawn	Tot Dive	Baltimo			ryland
	74 FL	iii V & Z	eile	r The	170 ADDRESS	00	nklina	ZSO DATE	REC'D, BY REGISTRAR	CHE KE SISTE	RARESIGNAT	Range Carlo
		Jala ulu alu , y UX Z.	U ala L. C	- LIL -	1 / 00 11			960	11 16 6 2 2 2 2 2	1		a marie

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

7011	1-	FOR STATE REGISTRAR	DEF	PARTMENT OF H	OF MARYLA EALTH AND A ICATE OF D	MENTAL HYG	IENE O	0 6 2	27
leoth 3		OR PRINT) Magdo	rlen	Poet	zel		January 2	21, 1986	7:00 A
rs ofter po	3. SEX	Female	White	5 DATE C	PERTH 20°	08	6. AGE (IN YEARS LAST BIRT	MONTHS DA	TS HOURS MIN.
18	1	RTHPLACE ISTATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUN	WIDOWE	D NEVER A	VORCED	Baltimore		MD
100	1	Rosedale	2338 Hamilto	STREET ADDRESS		TITUTION	(TYPES WORK FOR MOST O		State
# Hilled	13g S	AL RESIDENCE OF NURSING HOME OF TATE 136 COU			13d INSIDE C YES [X]	NO 🗌		rnell St. 2	21224
and 2 s	J FA	THER'S NAME GEORGE	Mebel Webel	st 7		FIRST TRUDE	ME	Schmit	
Poges.			ARMED FORCES? 16b SOCIAL 216-	32-3648	17 INFORMA	1100	Poetzel 250	ss Phoe 5 Merrymans	mill Rd.
d by the attending physic ease remove carbonpape al, cremotian, ar removal or ather traumatic event, it		PART I. DEATH WAS CAUS	DUE TO, OR AS A CON	SEQUENCE OF	you	erdi telu	infar	Refine	OXIMATE INTERVAL EN ONSEL AND DEATH
os been signe sermit. Then pl ne prior to buring ws.gony injury, o	CERTIFICATION	PART 2 OTHER SIGNAFICANT	TONDITIONS CONTRIBUTION THE CONDITION FOR W	851	•	400	20a AUTOPSY?	206. IF YES, WERE FIN	DINGS USED SES OF DEATH?
ter this certificate his the burief-transit produced transit produced records the burief-transit produced or them 18 showned or the 18	MEDICAL CERTI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTHY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	EATH HOUR A.M. MONTE	19	211 LOCATION STREET		YES NO		NO
by the haspital or ERAL DIRECTOR. Af e detached for use a State Dept of Health INT: If Nem 21 is ma		220.1 certify that (I) (this has	pitol) oftended the deceased on not view the body after death.	_19, or	DEGREE	ATTENDING PHYSICIAN	, to	ote and hour and from the 22c. DA	the causes stated
FUNI Id by The		GRAI G	- C DA	TBI	1 de	1112	1 111-	ta) 14	

DHMH - 16 60M 7/B4

BP.

harles S. Zeiler & Son Inc. "901 S. Conkling St (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECHY) Burial

231 NAME OF CEMETERY OR CREMATORY

Sacred Heart of Jesus Dundalk Balto Co Md

150 DATE REC'D. BY REGISTRAR 236. REGISTRAR'S SIGNATURE

150 JAN 23 1986

110720

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022106	1-	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	S 6 GIENE	REG. NO.	0 4	
		CEASED NAME	FIRST		MIDDLE	l.	AST .	20. DATE OF D	EATH MONTH	DAY YEAR	26 HOUR
page 3	(1.77)	I	VA	M	Blaine	PO	LLARD		RY 10,	1986	5:25P
in po	3 SE			4 RACE		5. DATE C	DAY YEAR	6 AGE (IN YEAR	S LAST BIRTHDAY)	MONTHS DATE	HOURS MIN
1 DE 1		MALE		White		Apr	i1 28,1919	66	YR		
6 75 4	(RTHPLACE (STATE OR F			WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE	CITY OR COUN	NTY OF DEATH	
11 /		. Carolir			S.A.	WIDOWE	D DIVORCED D	BAI		COUNTY	OF BUSINESS OR
4000	10 0	TOWSON		(IF NOT IN SU	CHIFACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK F	ician	G LIFE) INDUSTRY	Construc
9 19 1	USU/ 13a S	AL RESIDENCE (IF NURSI	NG HOME OF		GIVE RESIDENCE BEFOR		13d INSIDE CITY LIMITS?		DRESS / ZIP CO		
AC AN		aryland THER'S NAME	and the		Freela		YES NO	1728	Brooks		21053
11/10	1	Wiley	Но	rton	Pollard	1	Ennise			cMillar	
11/		VAS DECEASED EVER (ES, NO OR UNKNOWN) Yes		VE WAR OR DATES)	212-14-		Ellen J. F	ollard		Brooks and. MI	
low requires that the deothers been signed by the attending ermit. Then please remove cone prior to bursel, cremation, any, or other froumation.	CERTIFICATION	Conditions, if ony, gove rise to imm couse 10, statim underlying couse PART 2 OTHER SIGN 19g DATE OF OPERAT	lost	DUE TO, C	OR AS A CONSEQU	ENCE OF	ETASTATIC	LUNG CA	DR CONDITION		NGS USED
The sicron are house hoygien	ERT	21g. ACCIDENT WAS UND	ERIVING F	3 216 TIME C	OF IN HIRY		21c HOW INJURY OCCUR		√o⊠X	YES [№ □
SICIAN: 19 phys certifico irrol-tra entol Hy ltem 18		OR CONTRIBUTING	AUSE OF DE	ATH HOUR A	M. MONTH D			TEL (EINTER INAID	COF PAJOR F PA ITEM	10 7 461 7 (67 461 2)	
3 PHYSIC of the burie ond Men	MEDICAL	21d INJURY OCCURR WHILE NOT WH AT WORK	RED	21e PLACE	OF INJURY REET FACTORY OFFICE	ARM ETC)	211 LOCATION STREET		LITY OR TOWN	COUNTY	STATE
or or see os		22a.1 certify that (1)		ital) attended th	ne deceosed from_			, to		. 19	that (I) (we) last
CTOR for G of H		sow the decease above, (1) (we) (d	d alive on	st) view the body	ofter death.	, ar	d that in (my) (our) opinion	death occurred	on the date and l	hour and from the	e couses stated
O HOSPITAL OR A etoined by the has TO FUNERAL DIRECTOR Should be detached with the State Dept.		22d PHYSICIAN'S NA	ME (TYPE C	J. J.	? 10 in	on	ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAN	221 DATE	10/86
O HOSPII TO FUNER should be with the St		BEATRIZ	Z P I	DIZON	M.D.		7620 YORK	RD E	ALTIMO	RE MD 2	21204
PP	230 B	URIAL, CREMATION, SPECIFY) Burial		23b DATE	23ε		emetery or crematory burg Cemete	23d LOCATI	ON	COUNTY	more, MD
DHMH - 16 60M 7/84		INERAL DIRECTOR		Seco	nd at F	ank1	in Street DA	TE REC'D. BY REC	SISTRAR 256. REC	ISTRAR'S SIGNA	TURE
(VRA 15, 4)	J	.J. Harten	stei	n New	Freedom	PA I	7349 LIAN	1.6 198	SI ditto	Michael	Maria and



completely filled in by the funeral

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	= STATE / REGISTRAR				CERTIF	ICATE OF DEAT	H	REC	6. NO			
	ECE ASED NAME	FIRST		AIDDLE	DOC	AST CY		20 DATE OF DEAT	1 1 1 1 1 1 1 1	DAY YEAR	2b HOU	
-	EARI	ulti .		YMOND		DRBAUGH, SI		January			8:30	
3 58	Male		White		5. DATE C		EAR .	AGE (IN YEARS LA:	ST BIRTHDAY) YRS	MONTHS DAYS	HOURS	MIN.
1_	BIRTHPLACE (STATE OR COUNTRY)	FOREIGN	U.S.A.	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARR	IED 🗐	Baltimore CIT	_			MD.
10 0	TITY OR TOWN OF DEA	ATH			G HOME C	OR OTHER INSTITUT	ON I	120 USUAL OCCU	PATION	126 KIND C	F BUSINE	
of l	Tows on		St. Jo	seph Hosp	pital			Ret St	tate of	Md. Ec	nomi	c De
13a	Maryland	Balt:	VIY	Towson		13d INSIDE CITY LI	X	8 D Chos	ss / zip coi	21204		
14 F	Harvey		MIDDLE	oorbaugh		15 MOTHER'S MAI	DEN NAME	E	LE	Mart	t Z	
	WAS DECEASED EVER (YES, NO OR UNKNOWN) Yes		E WAR OR DATES)	212-03-0		William	Poort	oaugh 123	DDRESS D Ver	21204 sailles	Circ	le
	18 CAUSE OF DEAT PART I. DEATH W	/AS CALISE	D RV.	fine far (a), (b), and	1	Cdi		CL	TI	APPROX BETWEEN	MATE INTER	DEATH
NO	Conditions, if any gave rise to impeduse (a), stating underlying couse	mediate ng the lost	DUE TO, OF	RAS A CONSEQUE	NCE OF	NOT RELATED TO T	HE TERMIN	VAL DISEASE OR C	ONDITION G	YVEN IN PART 110)	
CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?	IN CERT	ES, WERE FINDIN IFYING CAUSES YES [H?
MEDICAL CER	21a. ACCIDENT WAS UNI OR CONTRIBUTING [16] (16 EITHER NOTIFY MEDI 21d. INJURY OCCUR!	CAUSE OF DE	P./ 21e PLACE (M. MONTH DA	19	216 HOW INJURY 211 LOCATION STREET	OCCURRE	D (ENTER NATURE OF	INJURY IN ITEM IS	PART 1 OR PART 2}	S	TATE
	22a.l certify that (I)	(this hasped olive on did) (alid no	II) view the body	4 19 1		nd that in (my) (our)	DING V		STAFF			
			Karpers			101 W.				7.53		
23a	BURIAL CREMATION,	REMOVAL				EMETERY OR CREM	ATORY	23d LOCATION	N	COUNTY	.51	TATE
	Burial		1-8-86	Lou	iden l	Park				laryland		
24 F	Leonard	J. R	uck, Inc	. Baltin	nore,	Md.	250 DATE	JAN 6	9.6 REGIS	STRAR'S SIGNAT	URE,	200

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as the with the State Dept. of Health and TO FUNERAL DIRECTOR After

IMPORTANT: If hem 21

Jennary I, 1986 i have	Jos. Dichard		ani	
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ALLEY MANAGEMENT OF A	R 119		ered . Leg	
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STATE OF MARYLAND

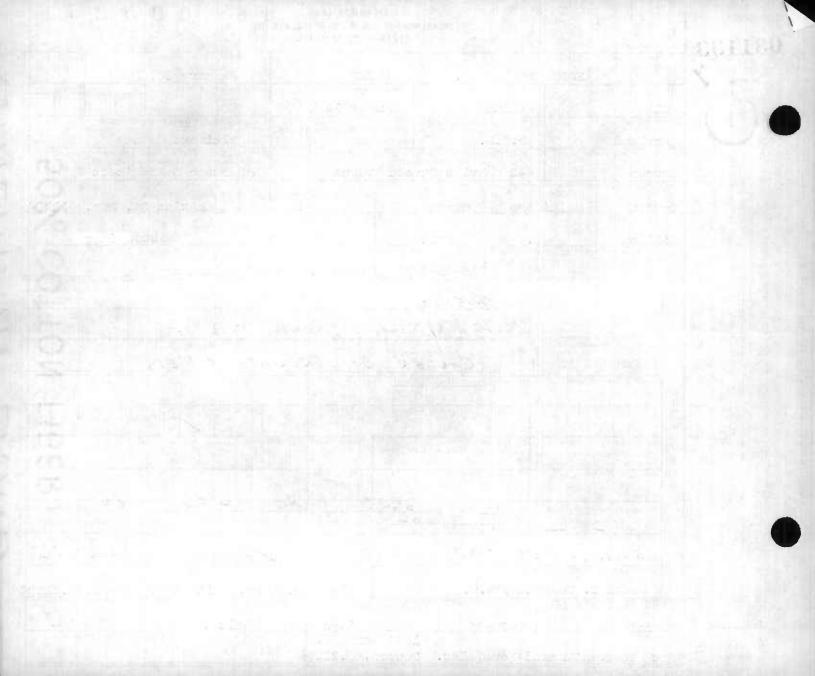
	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.		
	DECEASED NAME FIRST	WIDDLE	(AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	CLARE	NCE W.	PI	RICE	January 26,	1986	M
3.	SEX	4 RACE	5 DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
1	Male	White	Octo	ber 13,1899	86 YRS		HOURS MIN
70	BIRTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNT	RY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH	
1	Maryland	U.S.A.	WIDOWE		Baltimore Co	unty	MD.
10	CITY OR TOWN OF DEATH	11, NAME OF HOSPITAL, NUI	RSING HOME (OR OTHER INSTITUTION	12a USUAL OCCUPATION		OF BUSINESS OR
4.	Towson	442 Charles S		Avenue	Landscape & Ar		
	SUAL RESIDENCE (IF NURSING HOME O			13d INSIDECITY LIMITS?	13e STREET ADDRESS / ZIP CO	DE	
	100 000	imore Towson		YES NO IN	442 Charles	7.7	. 21204
	FATHER'S NAME	INOTE TOWSOI	1	15. MOTHER'S MAIDEN NAM		Dt. Ave	21204
Δ.	FIRST	MIDDLE		FIRST	MIDDLE	LAS	5T
_	William WAS DECEASED EVER IN U.S. A	C. Pri		Margaret	. Rit	ter	
110		IVE WAR OR DATES)	ECURITY NO.	17. INFORMANT	ADDRESS		
	No	215-05-	-6673	Jane W. Russ	ell - Same as #	13e	
	18 CAUSE OF DEATH (Enter o	APPROX BETWEEN	ONSET AND DEATH				
1	PART I. DEATH WAS CAUSI						
	IMMEDIA						
		13 - 32 - 54					
	Canditions, if any, which						
	gove rise to immediate cause (a), stating the						
	underlying cause last.						
	PART 2 OTHER SIGNIFICANT	INAL DISEASE OR CONDITION G	IVEN IN PART 1	~			
1 2		20110110	10 0011111	THO THE TENT	THE DISEASE ON CONDITION	TVERVIEW PART I	
	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE LIHER, NOTIFY MEDICAL EXAMINE 211 INJURY OCCURRED	196 CONDITION FOR WH	HCH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDI	NGS USED
1 8	¥ 				IN CERT	TIFYING CAUSES	
	7 a ACCIDENT WAS UNDERLYING	The Thirt of hilling		Tax		YES	но 🗌
1	OR CONTRIBUTING CAUSE OF DE	216 TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	ZIE HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM TO	PART I OR PART 2)	
18	IF EITHER, NOTIFY MEDICAL EXAMINE		19	VALUE OF THE			
1	21d INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION	CITY OR TOWN	COUNTY	STATE
13	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY OFF	ICE FARM, ETC)	PIKEEL	CITY OR TOWN	COUNTY	STATE
		oital) attended the deceased fro	3.2	580	1-26	86	
П	saw the deceased alive or			11-1:- () ()	death accurred on the date and h	19	that (I) (we) lost
1	abave, (1) (me) (did) (did	aur and from the	causes stated				
	226. SIGNATURE	22c DATE	SIGNED				
Ŧ	Tensi 1. 0	contad	M.	D. ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	1-2	7-06
1	224 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS			1
	Henri T. Vooi	retad M D		7600 001-	Dr. Cuit- 200	Measure	W- 07.004
22	BURIAL, CREMATION, REMOVAL		22. NIAA45 OF O	EMETERY OR CREMATORY	Dr., Suite 209,	Towson	.Ma.21204
	(SPECIFY)				CITY OR TOWN	COUNTY	STATE
	Burial	1-30-86		d Ridge	Balto.		Md.
24	FUNERAL DIRECTOR	ADDRE	55	TOLK IM.	REC'D. BY REGISTRAR 256. REGI	STRAR'S SIGNAT	URE
	Ruck Towson Fune	ral Home, Inc.	Towson	n,Md.21204	IN 2 9 1980	1	A Particular Section

DHMH - 16 60M 7/B4 (VRA 15, 4)

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DIVISION OF VITAL R	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 OF ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Tage 4 may be the broadly of presenting physician.	S, 201 W. P	RESTON ST.,	BALTIMORE,	MAKYLAND 21: ed within 24 hou	zor ors offer dep	m roge 4 m	oy be
AL DIRECTOR: After this etoched for use as the lete Dept of Health and	The institute of containing physician. I DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 etached for use as the buriol-transit permit. Then please reached for use as the buriol-transit permit. Then please reached supported by the property of the pr	gned by the en please ren buriol, crem	attending ph nove corbono lotion, or remo	nysicion and ca apers. Pages 1	empletely filled in and 2 shaulid be	by the funer filed within 7	rol director p 72 hours ofter	death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 26 HOUR TYPE OR PRINT MOS 4 RACE 3. SEX 6 AGE IN YEARS LAST BATHDAY) IF UNDER 1 YEAR MONTH male 70. BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH STATE OR FOREIGN WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Ow Son USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 1136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO 17 INFORMANT (IF YES GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for rail, fb., and ic. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 NO CAT 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO M 2 a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ?) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICA LIF EITHER NOTIFY MEDICAL EXAMINER 0 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE STREET (AT HOME STREET, FACTORY, OFFICE FARM ETC) WHILE NOT WHILE 22a.1 certify that (1) (this bespital) attended the deceased from Tan. 10 saw the deceased alive an above, (I) (we) (did) (did not) view the bady after death. and that in (my) (por) apinian death accurred an the date and have and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 8 should be de with the State 224 PHYSICIAN'S NAME (TYPE OR PRIN 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY LOCATION ITY OR TOWN BP. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR

MORISS

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

21		REGISTRAR				CE	KIIFI	CATE OF DEATH		REG. N	10.			
		CEASED NAME	FIRST	۸	AIDDLE		LA	ST	20 DATE OF		MONTH	DAY YEAR	26 HOUR	
	-	(Disentiti)	MAR	1 1	A.		Qu	INN	1	Ü	JAN.	23/986	60	AM
,	1. SE)	X.	-	4. RACE			DATE OI		6. AGE (INY	EARS LAST BIR	RIHDAY	MONTHS DAYS	HOURS	4 HRS
	-	2 1		W		J	uly	23, DAY 1896 FAR	89		YRS		INCORS	Miles,
7	a BII	RTHPLACE (STATE OF	76 CITIZEN OF WHAT COUNTRY? 8		ADDIED	NEVER MARRIED 9 BALTIMORE CITY OR COUNTY		TY OF DEATH						
2	made.	Md.		WIDOWE		DOWE	DIVORCED [BATTIMORE		COUNT	-4	MD.		
TOWSON UAL RESIDENCE IN NURSING HE				SAIN	T JO	SEPON	Ho	SOTAL	170 USUAL (TYPE OF WOR) HOM		OF WORKING		BUSINES	SOR
3	1ln. 5	Md.	OTHER INSTITUTION	Balti	RTOWN		134 INSIDE CITY LIMITS? YES KIN NO [13e STREET A	Nasco	ZIP COU	DE 2]	239		
10) FA	THER'S NAME FIRST John	MIDDLE	ĹA:	51	T	15 MOTHER'S MAIDEN NAM	^{ne} na Hah	n MIDDLE		LA!	it .		
4	Ho: Y	VAS DECEASED EVER			16b. SOCIAL	LSECURITY	NO.	17 INFORMANT		ADDRE	ESS			
4	-	NO UNKNOWN) LIFYES GIVE WAR OR DATE			220 5	2 567	6	Mr. John M. (Quinn	5701	Nas	co Pl.	212	39
H		18 CAUSE OF DEATH Enter only one cause per light far (a), (b), and (c) PART I. DEATH WAS CAUSED BY										MATE INTERVA	AL EATH	
Ц	6	PARTI. DEATH W		TE CAUSE (a)	level	in	In	duy a	wes			2	-	
				DUE TO, OF	AS A CON	SEQUENCE	OF	0.0 V V	-			2		,
	Н	Conditions, if any gave rise to imm	mediote) IP)	neg	22 Cly	Le.	hagarite	24			Q C	O Ce	5
ij		cause (a), stating the underlying cause last. DUE TO, OR AS A DONSEQUENCE OF LEefs Heart Descent.												
1	,	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN								IVEN IN PART I	3			
_	TION													
1	CERTIFICATION	90 DATE OF OPERA	TION	196 CONDI	TION FOR W	VHICH OPEI	RATION	WAS PERFORMED	200 AUTO	NO	IN CERT	ES, WERE FINDIF FIFYING CAUSES YES	OF DEATH	2
1	CER	21a. ACCIDENT WAS UNI		21b. TIME OF	FINJURY	U DAY	VEAD	21c HOW INJURY OCCURR	ED (ENTERNA			Land .		
	CAL	OR CONTRIBUTING		1111		n DAT	19							
	MEDICAL	21d INJURY OCCURRED 21e PLACE			E OF INJURY STREET FACTORY OFFICE, FARM. ETC.) 21 F LOCATION STREET			CITY OR TOWN COUNTY			STAT	TE.		
1	*	NOT WHILE (AT HOME STREET FACTORY OFFICE, FARM, ETC.)												
		220.1 certify that (1) saw the decease			deceased f	fram		10- 19 00	, ta	1-3	13-		that (I) (we	
		obose, (h jose ju	didi (make)	wiew the body	ofter death	19 7 6		I that in (my) (out) apinian d	eath accurred	d an the do	ate and ho			ed
		12	11	Nus	1	he.	7	EGREE ATTENDING	MEDICAL	STAI	FF	22c. DATE	SIGNED	
H		THE PHISICIAN'S N	AME THEO	ATRIOTIC TO	1	nec		PHYSICIAN 220 ADDRESS	QIRECTOR	PHYSIC	IAN L			
		BERN	ALU	S. Kno	creas	Tr	NO.							
	23a B	URIAL, CREMATION,	REMOVAL	23b. DATE				METERY OR CREMATORY	23d LOCA		71-14	CODATY	STAT	16
		Burial		1/25/8	36	Ho1	y R€	edeemer Cem.			ore, M			20
		INERAL DIRECTOR			ADD	DRESS		250. DALE	BED. D.BABI	9985	25b. REGIS	STRAB'S SIGNAT	pendeb	6
	M.	ITCHELL-WI	EDEFE	LD HOME,	INC.	65	00 7	York Rd.			4		40.	2"

DHMH - 16 60M 7/B4 (VRA 15, 4)

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erial and limit to the second 20.

STATE OF MARYLAND

STATE OF MARYLAND 031194 DEPARTMENT OF HEALTH AND MENTAL + STATE CERTIFICATE OF DEATH **QECLISTRAR** REG NO LAST To DATE OF DEATH WONTH DECEASED NAME THE CHIPCHATE PRESTON M. RIDENOUR. January 26, 1986 JR. 5 DATE OF BIRTH AGE SIN YEARS LAST BUTTHDAY) PUNCER LICEAR 4 RACE SEX June 20, 1923 Male White A BIRTHPLACE INTO DEFENDA TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland Baltimore County WIDOWEDT DIVORCED [IS CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Te USUAL OCCUPATION 12k KIND OF BUSINESS OR OF NOT PASUCH FACILITY, GIVE STREET ADDRESS. TYPE OF WORK FOR WOLL OF WORKING LEE INDUSTRY 604 Goucher Blvd. Towson Manager C & P Tele. Co. USUAL RESIDENCE OF THE PROPERTY HONE OF CTHEF INSTITUTION, GAS RESIDENCE REPORT ADMISSIONS 604 Goucher Blvd. 21204 13b. COUNTY 134 INSIDE CITY LIMITS? Maryland Baltimore Towson IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME AVIDIDA Marski Preston M. Ridenour, Sr. Agnes THE WAS DECEASED EVER IN U.S. ARMED FORCES? THE SOCIAL SECURITY NO. 17 INFORMANT Yes 218-18-2645 Mrs. Charlotte C. Ridenour same as # 13 AFFROXUALTE SATERVAL RETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Erder only one course per line for III), (b), and (c)
PART I, DEATH WAS CAUSED BY: CARDIO MYOPATHY MAMEDIATE CAUSE Conditions, if any, which gove rise to immediate couse to stating the DUE TO, OR AS A SONSHOUTH OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART II.0 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 20st AUTOPSY? 10h IF YES, WERE FINDINGS USED

THE DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING DECONTRIBUTING [] CRUTE OF DEATH OF STORY NOTES WELL ALEXANDERS 214 INJURY OCCURRED at some All some

sow the deceased of

THE TIME OF INJURY

HOUR A.M. MONTH DAY YEAR THE PLACE OF INJURY CAT FIDNE STREET FACTORY OFFICE FARM STE'S

THE HOW INJURY OCCURRED: (ENTER NATURE OF FULLEY PUTEW IR FART I OR FART 2) 211 LOCATION

city of town

COUNTY

IN CERTIFYING CAUSES OF DEATH?

and that in (my) (by) opinion death occurred on the date and how and from the causes stated

MATE

Richard D. Biggs, Jr. M.D.

23s.1 certify that (I) (this dental) attended the deceased from

77# ADDRESS

PHYSICIAN TORRECTOR PHYSICIAN 7600 Osler Drive

1/27/86

77c DATE SIGNED

23s. BURIAL CREMATION. REMOVAL 73b. DATE

24 FUNERAL DIRECTOR

Entombment

1/30/86

731. NAME OF CEMETERY OR CREMATORY Parkwood Mausoleum 13d LOCATION Baltimore Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

DREAM

Ruck Towson Funeral Home, Inc. 1050 York Read

254 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE.

T. Jane Torong All agency 132 . Ta 210 H at the second of the second mental and the state of the sta the end to so the case of the 013016

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				- 1

1	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. N	0	6 3	Za I
	DECEASED NAME	FIRST		MIDDLE	l	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
1	TTPE OR PRINT)	Ada		L.	Ric	ler	January 7	7. 19	186	6:50p M
3.	SEX		4. RACE		5. DATE O		& AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
	Female	715	White		9-1	14-1900 YEAR	85	YRS	MONTHS DATS	HOURS MIN.
F	BIRTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY		YOFDEATH	
	West Virgin	nia	USA		WIDOWE		Baltimore	Con	ntv	MD
ホ	CITY OR TOWN OF DE	ATH				OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	12b. KIND (OF BUSINESS OR
1	Rossville		(IF NOT IN SUCH FACILITY, GIVE STREET Franklin Squar				Home Maker			
TE	SUAL RESIDENCE (# NUR 3a STATE	136 COUN	OTHER WSTITUTION		ADMISSION)	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS 6321 Walth			206
ď	FATHER'S NAME		MIDDLE	Stoup		IS MOTHER'S MAIDEN NAME FIRST Unknown				AST
16	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS	3 1	
1	NO OR UNKNOWN)	[IF TES, GIV	E WAR OR DATES]	213-16-4	829D	Imogene M. Ar	seneau, 520	06 Haz	zelwood	Ave.
r	IN CAUSE OF DEAT					Baltimore, MI				XIMATE INTERVAL
	PART I. DEATH V	IMMEDIA	E CAUSE (o)	Respirat	ory	failure				
1	Para Santa		DUE TO, O	R AS A CONSEQUE	NCE OF					
	Conditions, if any		(b)_	Pulmonar	y en	bolus				
Г	gave rise to im couse (a), stati	ng the	DUE TO, O	R AS A CONSEQUE	NCE OF					
	underlying cous	e lost.	(c)_1	Arterios	scler	otic cardio	ovascular	dise	ase	
		NIFICANT (CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GI	VEN IN PART 1	(0
	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FIND	
	190 DATE OF OPERA						YES NO		FYING CAUSE:	NO [
	21a ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DEA	1117		AY YEAR	71c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART (OR PART 2)	

21d. INJURY OCCURRED 21e. PLACE OF INJURY
(AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) 21f LOCATION CITY OR TOWN COUNTY STATE 86 to January 220.1 certify that (this hospital) attended the deceased from January

sow the (1) eased alive on January obove (4) (did) (did not) view the body after death	19 <u>86</u> , and that in () (our) opinion death accurred on the date and hour	and from the couses stated
77h SIGNATURE	DEGREE	220 DATE SIGNED
Deal	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	1-7-86
THY PHYSICIAN'S NAME (TYPE OR PRINT)	22e ADDRESS	* 100

D. LAWION

230. BURIAL, CREMATION, REMOVAL 236. DATE

9000 Franklin Square 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION

Burial 1-10-86 Gardens of Faith John Me. Miller, Inc., 6415 Berrir Road, 21206

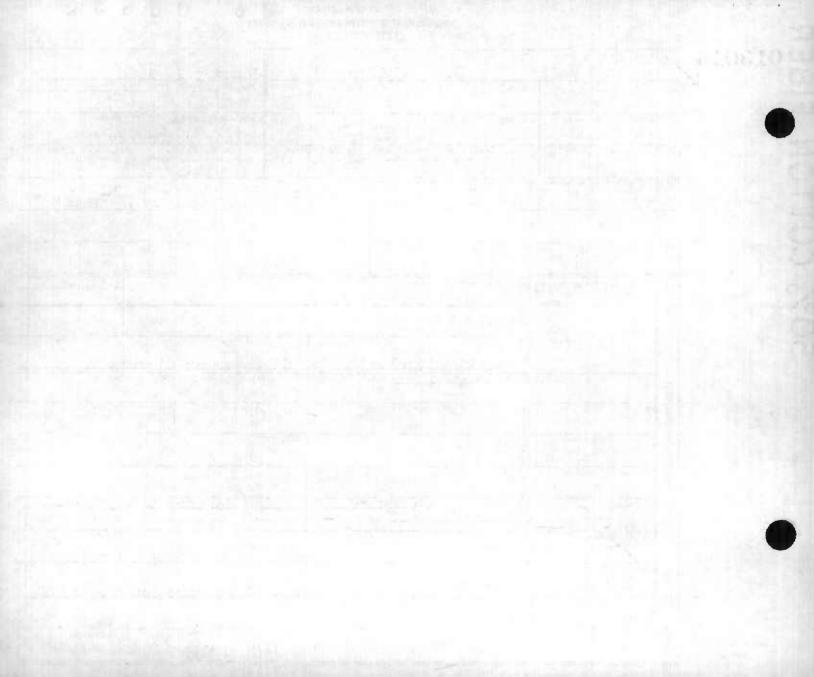
Balto. Balto., MD

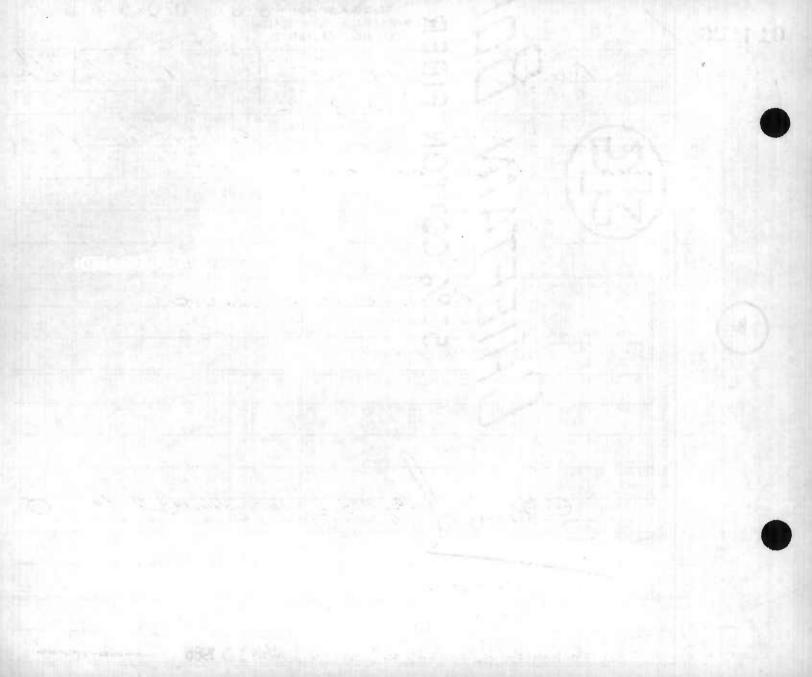
250. DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE

JAN Q 1988. Julia Burdan Bandake

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.





DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

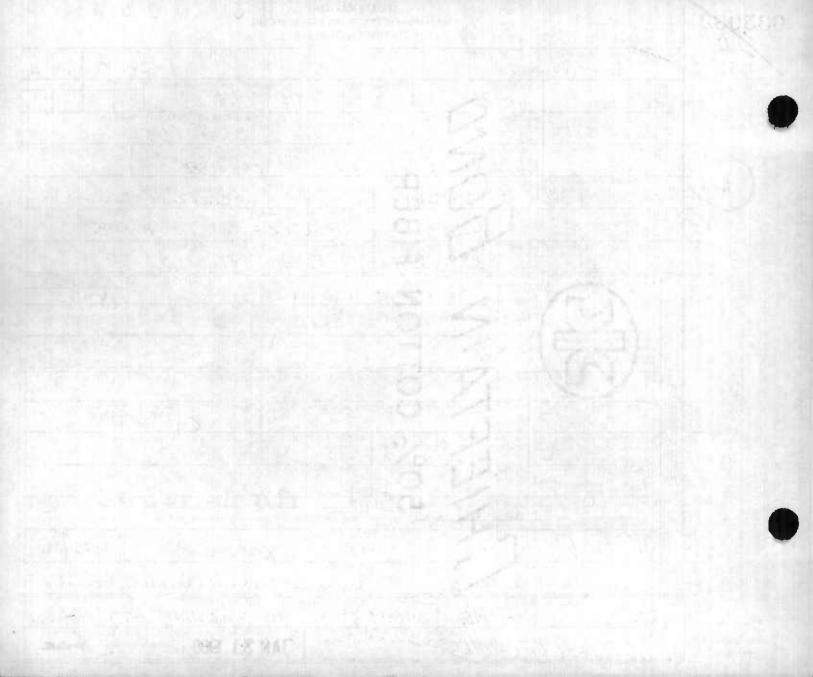
35082	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 6 0 0	6 3 4
deorh deorh	(TYPE	CEASED NAME FIRST OR PRINT) WW jov		Ritchie	12	- F G IM
ge 4 mo	3 SE	EMALE	WHITE	5. DATE OF BIRTH	68 YRS	IFUNDER I YEAR IFUNDER 24 HRS
deoth. Po	A	RTHPLACE (STATE OR FOREIGN OUNTRY)	16 CITIZEN OF WHAT COUNTRY U.S. A.	MARRIED WEVER MARRIED WIDOWED DIVORCED	BAME.CO.	MD.
s offer	Te	TY OR TOWN OF DEATH	Stella Woris	Hospice-	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWIFE	12b. KIND OF BUSINESS OR INDUSTRY
m 24 hou	130. 5	MD. 136.8A	OR OTHER INSTITUTION GIVE RESIDENCE BEFOUNTY	YES NO P	130 STREET ADDRESS / ZIP CODE	ct. 21093
omplete and 2 examin	14 FA	LOUIS	MIDDLE PATEKS LAST	15 MOTHER'S MAIDEN N	RIE MIDDLE A	DAMS"
n oger.		VAS DECEASED EVER IN U.S. A VES, NO OR UNKNOWN) (IF YES, (ARMED FORCES? 166 SOCIAL SEC GIVE WAR OR DATES) 325-14-6		LY RECOIDS	e la Fil
that the death certificate d by the attending physical lease remove carbon paper iol, cremation, or removal. or other traumatic event, the		PART I. DEATH WAS CAU IMMEDI Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEOU	Hyle myelome JENCE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
os been signe cornit. Then pl perior to bur ws ony injury, to	CERTIFICATION	PART 2 OTHER SIGNIFICAN		DEATH BUT NOT RELATED TO THE TER	200. AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED YING CAUSES OF DEATH?
G PHYSICIAN: Thistending physicion er this certificate It the buriol-transit and Mental Hygie ked or them 18 sho	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I JIF EITHER, NOTIFY MEDICAL EXAMIN 214 INJURY OCCURRED WHILE NOTIWHILE AT WORK AT WORK	DEATH HOUR A.M. MONTH	DAY YEAR 19 21f LOCATION	YES NOW YES	S NO ARI 1 OR PART 2) COUNTY STATE
OR ATTENDING hospital or of IRECTOR: After thed for use os tept of Health them 21 is mor		220.1 certify that (1) (this has	spital) attended the deceased from on 19 not) view the body ofter death.	DEGREE	1 80 10 26 nd eath occurred on the date and hour	22c. DATE SIGNED
O HOSPITAL C eroined by the TO FUNERAL D should be detoo with the Stote D MAPORTANT: If		Michael R 228 PHYSICIAN'S NAME (149 R: hardh	Hunghray Hunghvay	The Johnst	STAFF DIRECTOR PHYSICIAN D	1/26/86 gy Center
F 5 . 7 . 2		SURIAL, CREMATION, REMOVA	AL 236. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	Adjunted and States

DHMH - 16 60M 7/84 (VRA 15, 4)

BP_

256. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

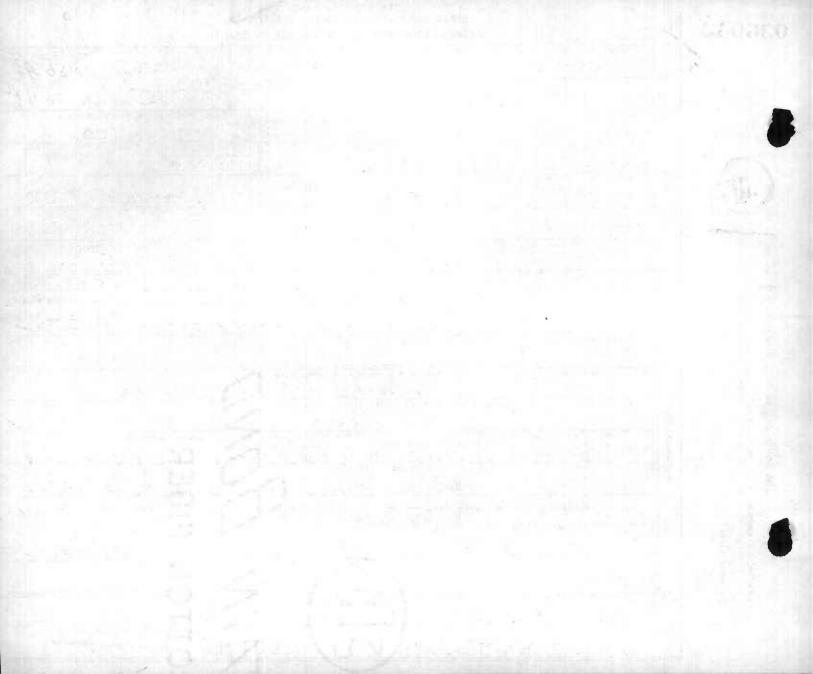
JAN 31 1986



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a DATE KNOWN F (TYPE OR PRINT) Philomen. DEATH MATED B. Robb 4. RACE 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) Female 11 1896 89 DEAD White TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Michigan WIDOWED * U.S.A. DIVORCED Baltimore County ID CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS Dulaney-Towson Nursing Home Towson Homemaker Home USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 113h COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Balto. Towson YES _ 1106 Rwegate Rd. 21204 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Abraham BeDour Delphene Archambolt 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (YES, NO, OR UNKNOWN) W.W. 1 262-80-4015T Yes Mr. Richard B. Robb Same as 13e 18 CAUSE OF DEATH (Enter only one couse per la PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE gove rise to immediate couse (a) stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 20 AUTOPSY? CONTRIBUTING TICAUSE OF DEATH AT WORK AT WHILE 220. I certify that I took charge of the remains described above, held a Undetermined monner EXAMINER'S NAME O Dommell 7501 York Rd. Dr. Charles 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE (SPECIF Cremation 1/13/86 Westview Cemetery BP Balto. 24 FUNERAL DIRECTOR Ruck Towson Funeral Home Inc. 1050 Yerk Rd (VR A15 ME (5)) 20M 4/B2

136 302 3 pod Sin en la de la companya ' ---- - to see the see of the see of the COLES (SEE FRECHER MAN OF SEC. SECOND SALE . Notice that the second of th he can see a lore see allored order

000010	1, 500	STATE OF DEPARTMENT OF HEALT	MARYLAND H AND MENTAL TYGIENE	0 0 6 3	6
036042	REGISTRAN		CERTIFICATE OF DEAT	H REG. NO.	"African de
384843	I. DECEASED NAME FIRST Elizabe	th Ro		DATE KNOWN A MONTH DAY OF EST!	VEAR IN HOUSE
DIRECTION STREET	Female White		JNDER I YR. IF UNDER 24 HRS. II.	DATE MONTH PEAT DEAD JANUARY	0.86 4 0
S FOR Y	Maryland	USA	WED DIVORCED	Baltimore COUNTY OF	
30000	Baltimore	11 NAME OF HOSPITAL, NURSING HOME, OR OT 11 19 NOT IN SUCH PACILITY, GIVE STREET ADDRESS) Armacost Nursing Home	FOR MOS	LOCCUPATION TYPE OF WORK 12h KI	ND OF BUSINESS R INDUSTRY
(-13)3	AL RESIDENCE IF IN NURSING HOME STATE 136 COUL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY 13c CITY OR TOWN Baltimore	13d. INSIDE CITY LIMITS? 13e STREET YES NO X 814	E. Fort Avenue	21230
1 10000	H. FATHER'S NAME Henry	Meyers Meyers	Rosa		breit
S AFTER GIVE PA TH FOR PAGES I VISION	160 WAS DECEASED EVER IN U.S. AF (YES, NO, OR UNKNOWN) IF YES, GIV	RMED FORCES? 16b. SOCIAL SECURITY NO. 212-07-4835B only one couse per line for 612-3867	Margaret Burge	ADDRESGlen Bur ss, 329 Ferndale	nie Rd.
201 W. PRESTON ST., TIED WITHIN 24 HOLIR N PENCIL IN TEA 18 NAMINER ALCNIG W AL TRANSIT FERMIT MENTAL HYGIENE, DI N, OR REMOVAL	Cunditions, if ony, which use (o) stoting the under lying couse lost.	e Arris	5	PPROXIMATE INTERVAL WEEN ONSE/AND/DEATH	
BE EXECUTED IN THE PROPERTY OF		S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEA	ASE OR CONDITION GIVEN IN PART 1 101.	merus	
VITAL RI SHOULD ONE OFFE TO FEE	196. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	WAS PERFORMED?		AUTOPSY?
DOVISION OF V OLORIFICATE SI RITING THE WO RDED TO THE C E 2 SHOULD BE E DEPARTMENT OU PRIOR TO BE	216 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 216. INJURY OCCURRED WILL NOT WHILE AT WORK AT WORK	DEATH P.M. Jan 2019 86	OCATION STREET	URE OF INJURY IN ITEM 18 PART 1 OR PART 2) ITY OR TOWN COUNTY	STATE
MINER, THE FICATE, WI FFCATE, WI FFCATE, WI FORMAL TORKESTATION TAND, 212	27a I certify that I took char	ge of the remains described above, held a Auto		Inquiry , ond in my opinion	121230
ICAL EXAM	ACTUAL SIGNATURE	erter Or could	TITLE (SPECIFY)	DATE SIGNED	/3//86
TO MEDICAL EXECUTE THE PACE 4 SHO AFTE DEATH BALTIMORE,	EXAMINER'S NAME (TYPE OR PRINT)	73b DATE 73c NAME OF CEMETERY	_ADDRESS	YO.	
BP	SPECIFY)	Feb. 3,1986 Parkwood Ce	metery Bal	TION OWN COUNTY TIMORE GISTRAR 125% REGISTRAR'S SIGNAT	STATE MD
DHMH - 17 (VR A15 ME (5))	James S. Kir	rkley, Glen Burnie, MD		86 ma Davidson-Man	delle.



STATE OF MARYLAND

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6010 REISTERSTOWN RD. BALTO., MD

- STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

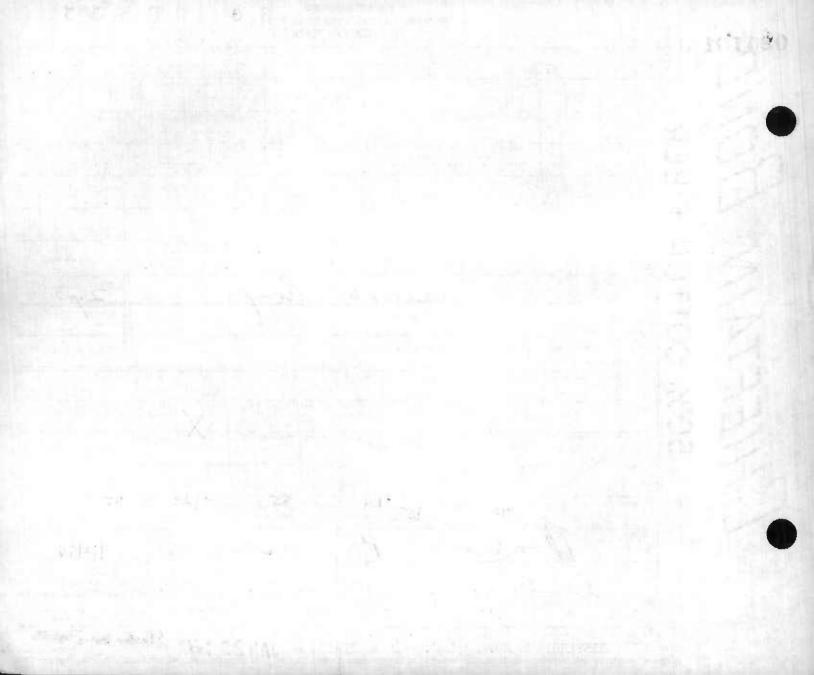
REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYDRENE

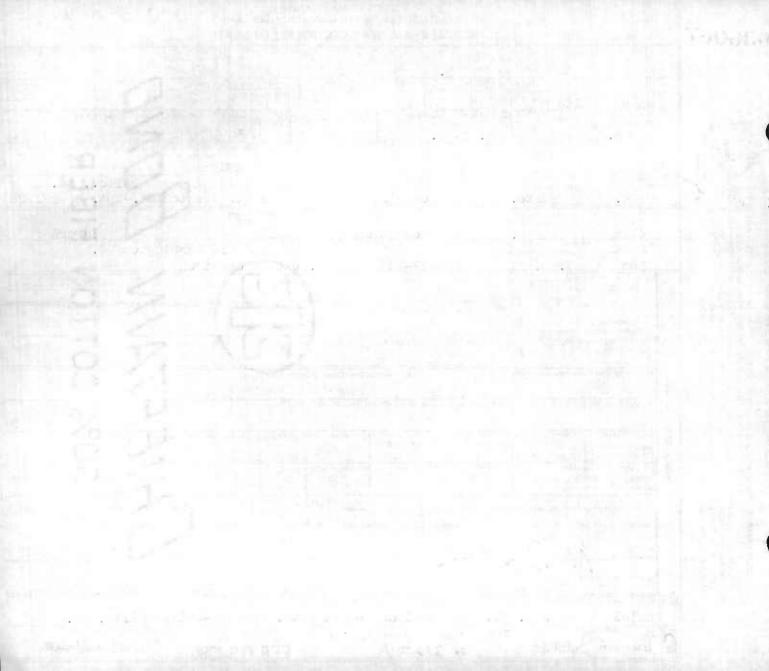
CERTIFICATE OF DEATH

21215

REG. NO



STATE OF MARYLAND 036067 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME a DATE KNOWN TYPE OR PRINTS EST1 ALBERT ROCKSTROH DEATH MATED 10 86 4 RACE DATE OF BIRTH IF LINDER 24 HRS 2c. DATE 2d HOUR YEAR LAST BIRTHDAY) PRONOLINCED 8:31 DEAD 1986 White 60 Male To BIRTHPLACE (STATE OR TO CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED | Md. DIVORCED Baltimore County U. S. A. & CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION STYPE OF WORK 1126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! Handyman Catonsville 202-D Preston Ct. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Balto. . Md. 13d. INSIDE CITY LIMITS? 130 STREET ADDRESS 130 STATE 136 COUNTY Bal to. Catonsville No [x 202 Preston Ct.-Apt. D #21228 Md. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Rockstroh Amelia Felix Flugard 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 6154 Old Washington Rd. 16b. SOCIAL SECURITY NO LYES NO OR UNKNOWN) I HE YES, GIVE WAR OR DATES) Mr. Joseph Rockstroh 220-12-2898 18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot wound of head (handgun) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IS USED AS A B CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? Head Only EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, 216 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ? P.M. 1-24- 1986 Self-inflicted 71e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN WHILE NOT WHILE 202-D Preston Ct., Catonsville, Baltimore, home 274. I certify that I took charge of the remains described above, held an Suicide X death resulted from. Natural causes Accident Homicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 1-29-86 M.D. Assistant MEDICAL EXAMINER SIGNATURE M. Dixon, M.D. 111 Penn St., Balto., MD 21201 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Jan. 31,1986 Garrison Forest Vets. Cenetery-Owings Mills, Md. Burial 07/84 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE 25M 24. FUNERAL DIRECTOR 515/ BANTO NAT'L. PIXE **DHMH** - 17 Islia Davidson Randelle # 2/229 (VR A15 ME (5))



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1	-	STATE
		PEGISTRAP

STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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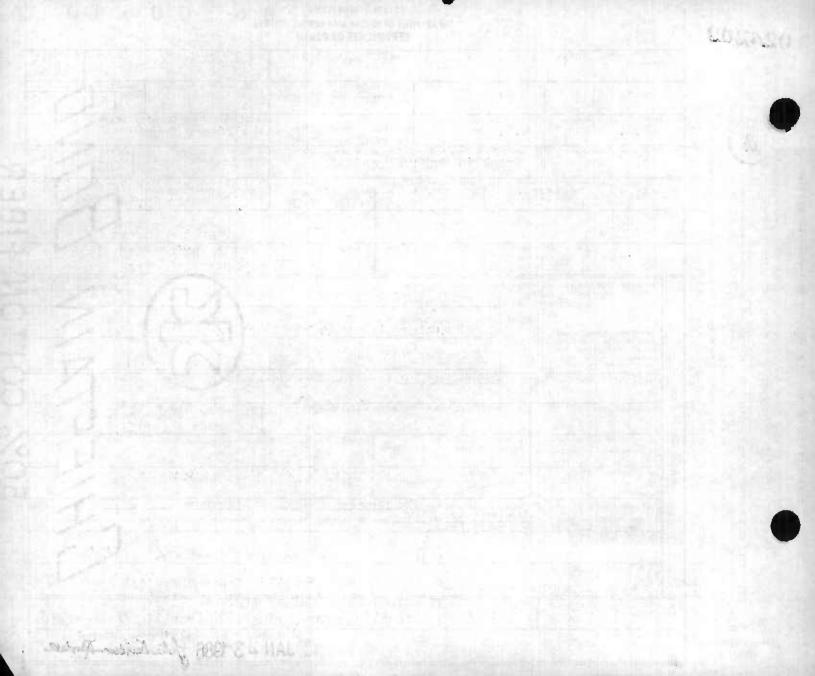
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-	ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer the any be	ospital or attending physician.	ECTOR: After this certificate has been signed by the ottending physician and campletely filled in by "the arrival infector, page 3	ed for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with 24 hours after death	of Health and Mental Hygiene prior to burial, cremation, or removal.
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1	4	05	23	P	+

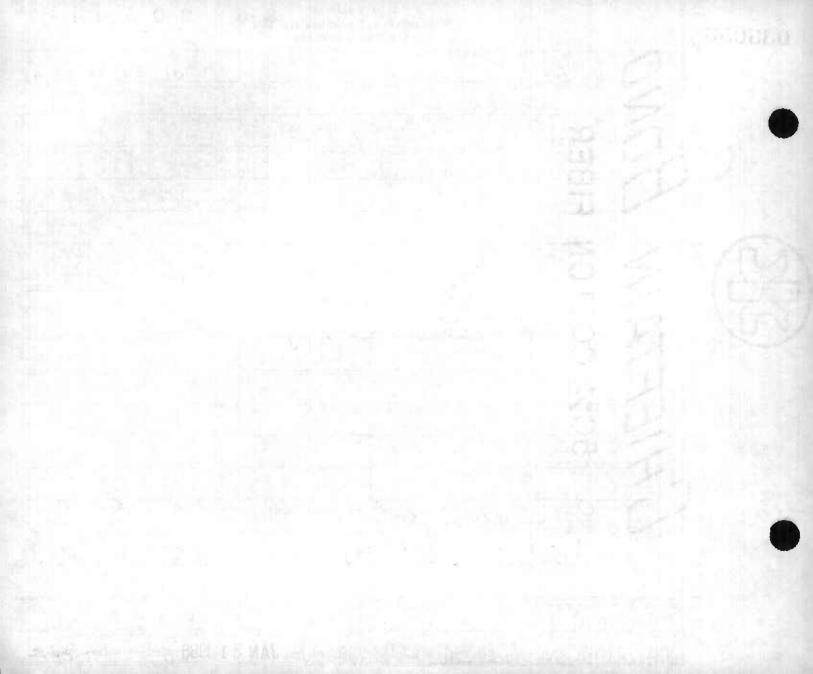
13	16 CEDITED ALENCAL	23
36	29	
exominer must b	IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examine must b	
5	with the State Dept of Health and Mental Hygiene prior to burial, cremation, or remayal.	
ond 2 should be	should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be	
ampletely filled in	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in	
	retained by the haspital or attending physician.	3P.

DHMH - 16 60M 7/B4

(VRA 15, 4)

	REGISTRAR				CERTIF	ICATE OF	DEATH	REG. N	10.			
	CEASED NAME OR PRINT)	พ์รั¹m	ot '	Richard		GERS		January 8		YEAR	26. HOUR	R ZM M
3. SE)	Male		White	9		ary 8,		6 AGE (IN YEARS LAST BI	YRS.		HOMES	M10
	RTHPLACE (STATE OR I		U.S.	WHAT COUNTRY?	I MIDOME	U	MARRIED A	Baltimore city of		DEATH		MD.
10 C1	Baltimore	ATH	II. NAME OF I	HOSPITAL, NURSING	G HOME C	spital	STITUTION	126 USUAL OCCUPAT		None	BUSINES	SS OR
13MS	AL RESIDENCE (IF NURS		Tmore	GIVE RESIDENCE BEFORE 13¢ CITY OR TOWN		YES 🗌	CITY LIMITS?	2122 Pot	er Mary	land ng Roa		093
	Not Given		MIDDLE	LAST			Ellen	Margaret				
16a V	VAS DECEASED EVER YES NO OR UNKNOWN)		MED FORCES?	None None	RITY NO.	17 INFORM	ier- Ell	2 Potts Spi en Margaret	ing Roa Rogers			
	18 CAUSE OF DEAT PART I. DEATH W	'AS CAUSE	lly one cause per D BY: TE C AUSE (0)	Premati		20 We	eks			APPROXIM BETWEEN ON	ATE INTERVISET AND E	ZAL DEATH
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF Premature Labor At 20 Weeks DUE TO, OR AS A CONSEQUENCE OF								1			
MEDICAL CERTIFICATION		T 2 OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT I DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION				233		200 AUTOPSY?	20b. IF YES, WI	ERE FINDING	GS USED	H?
DICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d. INJURY OCCUR	CAL EXAMINER	4177	M. MONTH DA M.	Y YEAR	21c HOW I		ED (ENTER NATURE OF INJU	-	OR PART 2)		
MEC	WHILE NOT WE	INE C	(AT HOME STR	EET, FACTORY, OFFICE, FA		STRE	ET	CITY OR TO		COUNTY		ATE
	220.1 certify that (1) saw the decease abave, (1) (we) to 22b/SIGNATURE	this hospi ed alive an did (did na	Januar	y 8 19 8	36 or	nd that in (my	, 19 <u>86</u>	, to January		d fram the co		
	220. PHYSICIAN'S N	an	Cers	en Mr	9	DEGREE		MEDICAL STA DIRECTOR PHYSE		1/9/8		
22- 0	DANA ?	Star	DERSON	J	Luc of c	900	0 Frankl	lin Square				
Di	Sposal To	Hosp.	ital 1/1					ive 9000 Fr		Square	Dri	VP
24 FU	UNERAL DIRECTOR			ADDRESS			250 DATE	REC D BY REGISTE	ly tinoper	S SIMPLEMY	Rand	21237

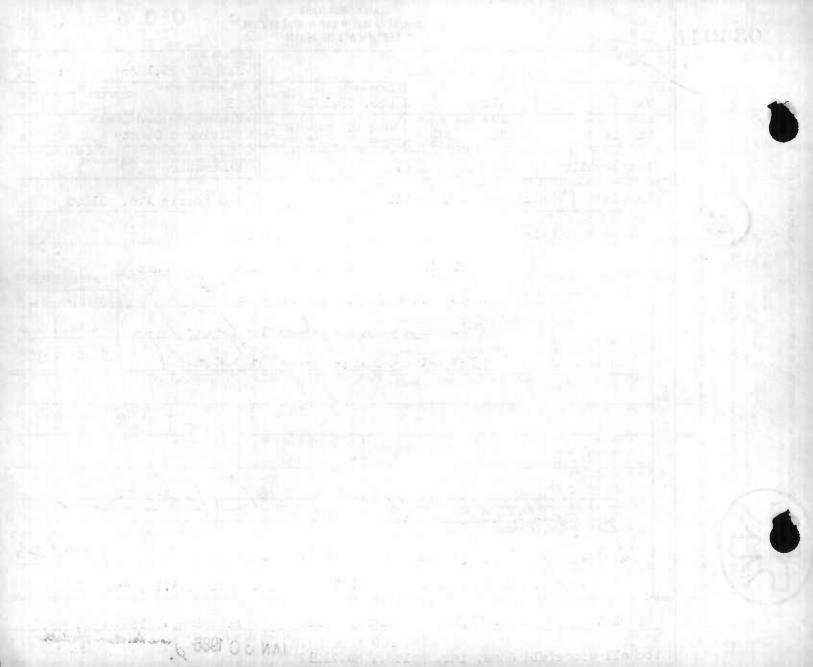


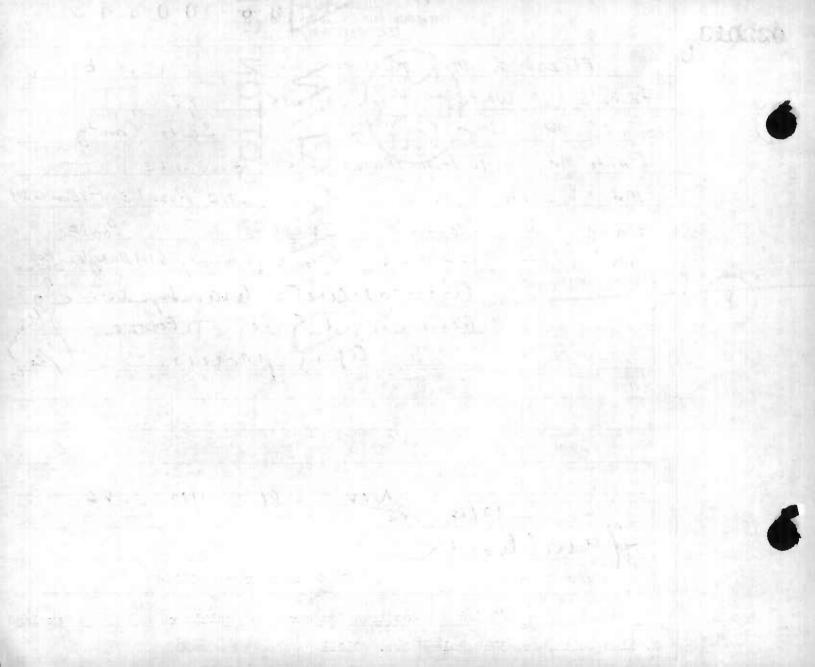


Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

(VRA 15, 4)

STATE OF MARYLAND



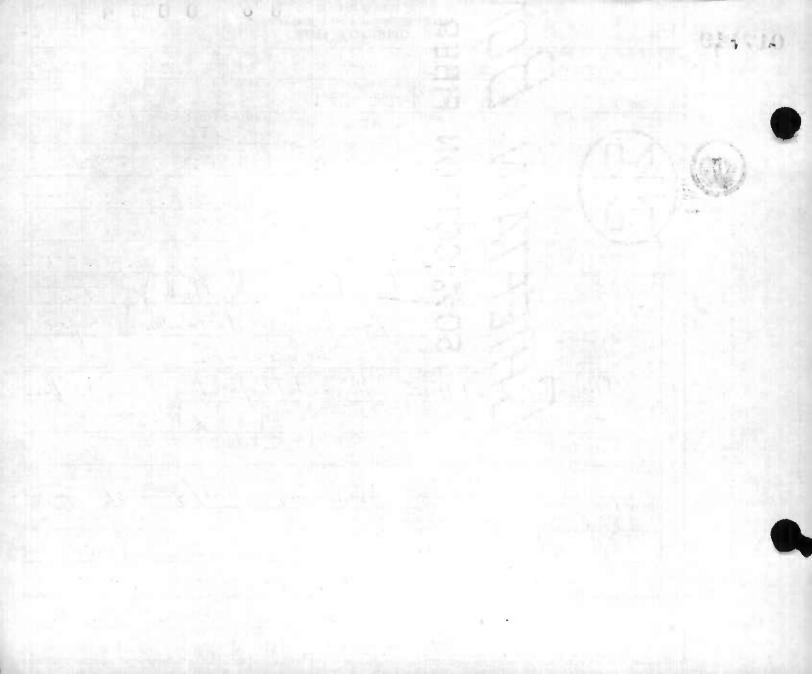


STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENI

FOR

- STATE



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FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REOBINAN						REC	5. NO.		
DECEASED NAME	FIRST	N	IDDLE	1.	AST	20 DATE OF DEAT	H MONTH	DAY YEAR	26 HOUR
Ed	ward	1	В.		Root	January	28	1986	8p M
SEX	4 R	ACE		S DATE C		6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER I YEAR	
Male		White	2	Feb.	10 1912 YEAR	73	YI	RS . DAYS	HOURS MIN
BIRTHPLACE (STATE OR	OREIGN 76 C	ITIZEN OF V	VHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CIT			
COUNTRY) Va	6.5	USA		WIDOWE		Baltimo	re C	County	MD
Balto.		NAME OF H	OSPITAL, NURSIN HEACILITY GIVE STREET A raddock F	G HOME C ADDRESS) Road	OR OTHER INSTITUTION	120 USUAL OCCUP STYPE OF WORK FOR MC Retired-	PATION OST OF WORKING	ng we industry Driver	Balto. C
SUAL RESIDENCE (# NURS	NG HOME OF OTHE		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRE	SS / 7IP C	ODE	
Md.	Balt	.0.	Balto.		YES NO 14			Road 21	224
Robert	MIDO	K.E.	Root	137	15. MOTHER'S MAIDEN NAM			Stover '	ST
a WAS DECEASED EVER	IN II S A PAAED	FORCES2	16b SOCIAL SECU	PITY NO	17 INFORMANT	AD	DRESS	Brover	
(YES, NO OR UNKNOWN)	(IF YES, GIVE WA		218-26-6		Domenica Root			Road 21	224
	•				NOT RELATED TO THE TERM	INAL DISEASE OR C		GIVEN IN PART THE	2 8 4 1
190 DATE OF OPERA	19a date of Operation 19b. Condition for which			OPERATION	N WAS PERFORMED	YES NO	INCE	ERTIFYING CAUSES	
210. ACCIDENT WAS UNIT OR CONTRIBUTING (FEITHER NOTIFY MEDIC 21d. INJURY OCCURI	AUSE OF DEATH	HOUR A.M. MONTH DAY YEAR P.M. 19			21c. HOW INJURY OCCURR				
AMURE MOLAN	WHILE NOT WHILE (AT MOME STREET FACTORY OFFICE FARM ETC.) STREET CITY OR TOWN COUNTY STATE								
saw the decease	22a.1 certify that (1) (this hospital) attended the deceased from								
22b SIGNATURE	51	men	-	Y		MEDICAL DIRECTOR PH	STAFF YSICIAN [1/2	SIGNED 186
228 PHYSICIAN'S N	ME (TYPE OR PRII	llne			404 Eas	tern /	Blucy	1/212	21)
Burial, CREMATION,	REMOVAL 2	36 DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION			
ISPECIFY) Buria	1	2/1/	86 н	11v 1	Hill Cemetery	Middle	River	Balto.	Md. STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

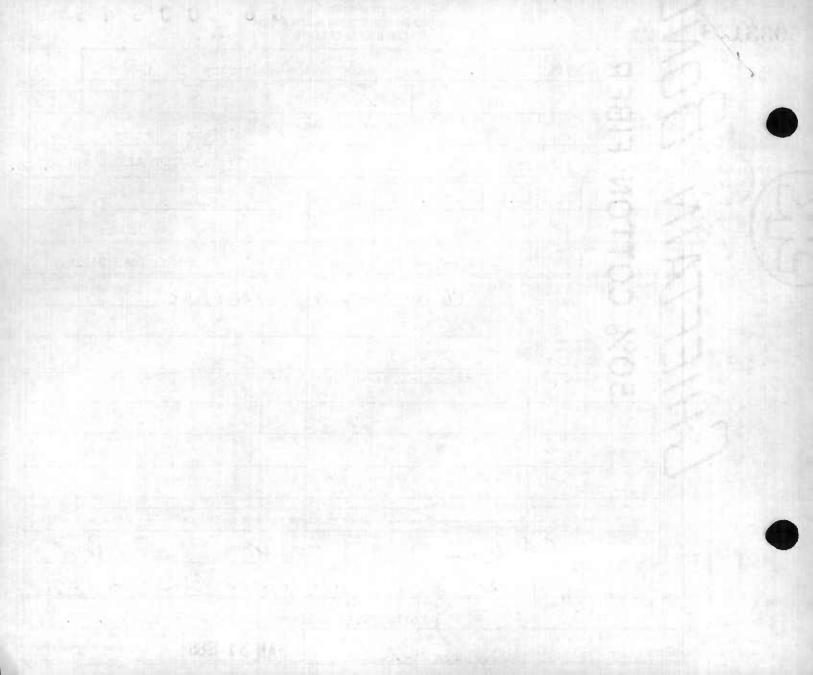
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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbanpapers: i

should be detoched for use as the burial-transit permit. Then please remove with the State Dept. of Health and Mental Hygiene prior to burial, crematia

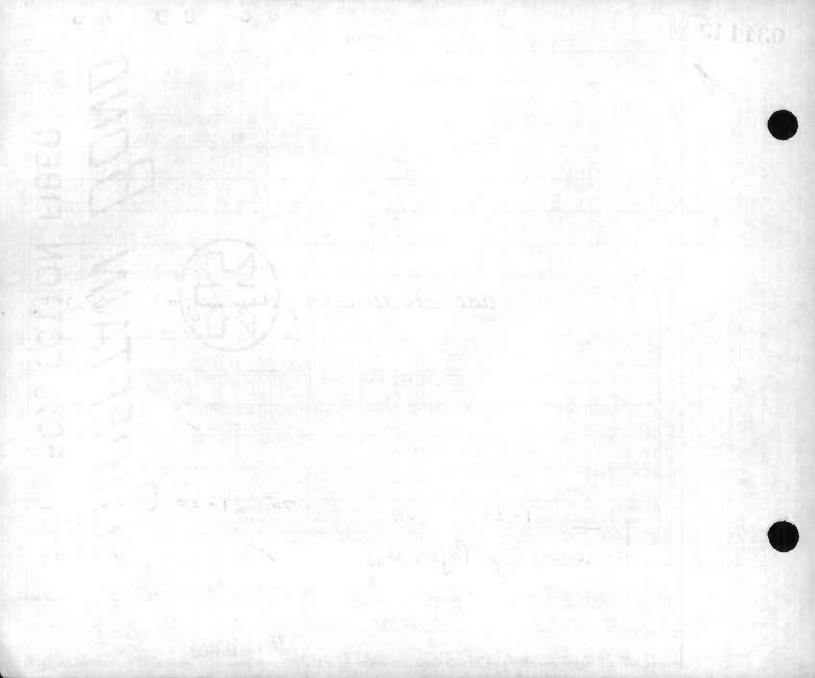
Connelly Funeral Home 300 Mace Ave. 21221

JAN 31 1986



Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG	TENE REG.	NO.	0 4	
1		EASED NAME	FIRST		MIDDLE	L	AST	20. DATE OF DEATH		DAY YEAR	2b. HOUR
ı	(TYPE)	OR PRINT)	HENR	Υ		RI	JDOW	JANUAR'	Y 8.19	86	7:10 AM
4	3. SEX	WE THE	HENR	4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST		IF UNDER I YEAR	IF UNDER 24 HRS
1	3	MALE			UCASIAN		LY 1,1895	90	YRS	MONTHS DAYS	HOURS MIN.
1		RTHPLACE (STATE OR OUNTRY)	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVERMARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
		RUSSIA			S.A.	WIDOWE		BALTIMO	RE COU	NTY	MD.
1	10 CI	TY OR TOWN OF DE.	ATH		HOSPITAL, NURSING FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a USUAL OCCUPA		12b. KIND O	F BUSINESS OR
4		OWSON		MULTI	MEDICAL	CONVA	AL. NURS. HOME				VITURE
3	USUA 13a. S	TATE	136 COUN		134. CITY OR TOW		13d INSIDE CITY LIMITS?	13e STREET ADDRES	S / ZIP COD	E	
i		ARYLAND	BALT	0	BAL	TO	YES NO X	4101 PR	ISCILL	À LANE 2	21208
d	4 FA	THER'S NAME FIRST		MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME MIDDLE		IAS	7
J		BARN	EY		RU	DOW	RACHEL			OCKÊÎ	3
1		AS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT		RESS	11 30	
ı		0			212-32-	0310	MR MAURICE (G. RUDOW 1	SWANH		
ı		18 CAUSE OF DEATH (Enter only one couse per line for (6,1)), and icc) PART I. DEATH WAS CAUSED BY							APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH	
ı		TAKI I. DEATH		E CAUSE (o)	Cen	yest	in Hy	aclus			
Ì		DUE TO, OR AS A CONSEQUENCE OF									
١		Conditions, if ony, which (b) Country newly dealast									
١		couse (oi, stoting the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF									
ı		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)									
ı	Z	TART 2. OTTER SION				0 -	A A. O	THAT DISEASE OR CO	MOITION GI	VEN IN PART TO	
,	CERTIFICATION	19a DATE OF OPERA	TION		TION FOR WHICH	LONG LA	N WAS PERFORMED	200 AUTOPSY?	20b. IF YE	S, WERE FINDIN	IGS USED
	IFIC				J		7	YES TO NO	IN CERTI	FYING CAUSES	OF DEATH?
8	ERT	21a. ACCIDENT WAS UN	DERLYING	21b. TIME O	F INJURY		21c. HOW INJURY OCCURE	1.00			NO [
1		OR CONTRIBUTING		111		AY YEAR					
ł	MEDICAL	214 INJURY OCCUR		P. 21e PLACE		19	21f LOCATION				
ı	WE	WHILE NOT WI			PEET, FACTORY, OFFICE, F	ARM ETC)	STREET	CITY OR	IOWN	COUNTY	STATE
ı		22a.l certify that (I)	(this hospit	ol) ottended th			7 19.79		8-		that (I) (we) lost
ı	11.6	saw the deceased flive an above, (1) (we) (did (did not) view the body of the dot), and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did (did not) view the body of the date).									
ı		226. SIGNATURE	1		11)0	2	DEGREE		5 37	th. DATE:	SIGNED
ı		/	ter	u	tell	MI	ATTENDING PHYSICIAN E	DIRECTOR PHY	SICIAN [1/	8/41
		22d. PHYSICIAN'S N	AME (TYPE OF	PRINT	PA	11	27e ADDRESS	2	,		, , ,
		121	ERU	ME	0.001	IERM	(D) 1777 1	Ceistern 1	ewn	RO	
		URIAL, CREMACION,		23b DATE			EMETERY OR CREMATORY	23d. LOCATION		COUNTY	SIALE
I		BURIAL		1/9/8			HADATH CEM	ROSEDALE			RYLAND
		NERAL DIRECTOR						REC'D. BY REGISTR	AR 256 REGIS	TRAR'S SIGNATI	URE
	(5010 REIST	ERSTO	WN RD.	BALTIMORĘ	E, MARY	LAND 21215 JA	N 1 4 1986	Junio 2	min who	as financials

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

DHMH - 16 60M 7/B4 (VRA 15, 4)

Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

Constitution No. 11 and Estate of Every and Vision and Control

021075

L DECEASED NAME

Male

14. FATHER'S NAME

YES NO OR UNKNOWN)

O BIRTHPLACE ISTATE OR FOREIGN

O CITY OR TOWN OF DEATH

Rossville 21237

Oscar 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause

90 DATE OF OPERATION

WHILE NOT WHILE

Cherry Hill. Md.

Vernon

4 RACE

13b Baltimore

Saxton

WWII

IMMEDIATE CAUSE 10)

White

USA

(TYPE OR PRINT)

3. SEX

CERTIFICATION

MEDICAL

STATE OF MARYLAND - STATE CERTIFICATE OF DEATH REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

20. DATE OF DEATH 2b HOUR Campbell SAXTON January 14, 1986 5:05pm & AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER I YEAR IF UNIDER 24 HRS. Dec. 6 1917 YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED MEVER MARRIED Baltimore County 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR 12a USUAL OCCUPATION INState Prison Frankith"So : Hospital 13e.STREET ADDRESS / ZIP CODE Mfddle River 21 Tinker Rd. 21220 15 MOTHER'S MAIDEN NAME LAST LAST Helen Campbell 16h SOCIAL SECURITY NO 17 INFORMANT Goldie L. Saxton. Wife 214 01 2048 Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEA 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and ict)
PART I. DEATH WAS CAUSED BY: cuts Myo cardial 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOIXIX YES [214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 22a I certify that (1) (this haspital) attended the deceased from and that in (my) (our) apinion death occurred an the date and hour and from the causes stated above, (1) (we) (did I did not) view the body after death, DEGREE ATTENDING

71n ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIFEITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21e. PLACE OF INJURY

saw the deceased white an

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

Miguel Castro, M.D.

805 Fuselage Ave. Balto., MD

230 BURIAL, CREMATION, REMOVAL 23b. DATE 1

22h SIGNATURE

1/17/86

23c. NAME OF CEMETERY OR CREMATORY Md. Veterans Cemetery

Garrison Forest, Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE N. FUNDAL DIRECTORS Mineral Home PA 1407 Old Eastern Ave JAN

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			Me. Usa	, L.T
io=Mtv strike	TERMS	Lateral .of of		
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	colen Campbell			2080
Edition and	alto excite . Late	Ind alos In acc	row	200
11-2	76	Y Patrick		

Finery Love IN 1807 Uld Sathern Ave

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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		REGISTRAR				CENTIL	CAIL OI DEATH	REG. N	0.			
		EASED NAME	FIRST		MIDDLE	t,	AST	20. DATE OF DEATH	HINOM	DAY Y	EAR	žb. HOUR
r depth	TITPE	OR PRINT)	Albe:	rt	W	Schae	fer Sr.		1	17 8	36	M
D	3. SEX	(4 RACE		5. DATE O		6. AGE (IN YEARS LAST BE	RIHDAY)	IF UNDER	T YE AR	IF UNDER 24 HRS
s h		Male	54	Whit	e	HINOM	31909	77	YRS		DAYS	HOURS MIN.
The state of the s	(RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CITY OF			TH 2/27	5A - MD.
1		ty or town of DEA Parkville	ТН		HOSPITAL, NURSIN THEACILITY, GIVE STREET, VONDALE R	IG HOME C	DR OTHER INSTITUTION	120 USUAL OCCUPAT				BUSINESS OR
2	13a. S	AL RESIDENCE (IF NURS TATE Maryland	136 COUN Bal	OTHER INSTITUTION TO	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS 8809 Avoi	/ ZIP COI	Rd.	21	234
- EL.	14. FA	THER'S NAME					15 MOTHER'S MAIDEN					
8//		William		MIDDLE	Schaefe	er	Mary	WIDDLE		На	rpl	е
100		VAS DECEASED EVER			166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS			
medi	(NO NO UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	217-07-	9178A	Eleanor S	Schaefer 8	809 A	vonda	le l	Rd. 21234
t, the		18 CAUSE OF DEAT					11.00.	86-		BE	PPROXIM	NATE INTERVAL NSET AND DEATH
ever		PARTI. DEATH W		E CAUSE (a)	Corono	vu	AMONOPE	W		10	(me	tes
notic				DUE TO, O	R AS A CONSEQUE	CE OF	100.0	(10.1	n %	1	00	7
ano man	- 11	Conditions, if ony,		(ıb)	CIVS	- Fa	r tal Varau	sus of RVS	ed,		786	/
other tr		gove rise to imm cause (a), statin underlying cause	g the	DUE TO, O	R AS A CONSEQUE	NCE OF	i. CU. 19			1	97	10
lury, or	Z	PART 2 OTHER SIGN	VIFICANT (CONDITIONS CO	The state of the s		NOT RELATED TO THE TE	RMINAL DISEASE OR CON	IDITION G	IVEN IN P	ART IIa	
ows ony in	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	TES, WERE I		GS USED OF DEATH?
m 18 sh	7	210 ACCIDENT WAS UNE	CAUSE OF DE	4111	M. MONTH DA		21c HOW INJURY OCC	JRRED (ENTER NATURE OF INJ	JRY IN ITEM TE	B PART I OR P	ART 2)	
r le	MEDIC	(IF EITHER NOTIFY MEDIN		21e. PLACE	M. OF INJURY	19	211 LOCATION					
kedo	ME	WHILE NOT WE AT WORK	INE []		REET, FACTORY, OFFICE F	ARM, ETC)	STREET	CITY OR TO	NWC	COUN	41A	STATE
E OIL	- ,1	220 I certify that (1)		tol) ottended th	e deceosed from_		19.44	0 10 1-17		, 19 8-/	, th	hat (Swe) last
21 15		sow the decease above, (I) (we) (c	ed olive on did) (did no	t) view the bady	after death.	co an	d that in (my) (aur) apinio	on death accurred an the d	late and ho	our and fia	m the co	auses stated
Her		226. SIGNATURE	0.	110	10.0	- 1	DEGREE			22ε.	DATES	IGNED
NT. =		Drida PHYSICIAN'S N	rold	HBu	uns 1	g.om	ALS ATTENDING PHYSICIAN	MEDICAL STA	CIAN [-12	7-1986
ORTA		Dr Rum		825 - 795	6)			Tane Baltin	nore.	Marv	land	a e

Dr. Burns 825-7956

502 Hampton Lane Baltimore, Maryland

23a BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) 1-20-86 Burial

24 FUNERAL DIRECTOR

23¢ NAME OF CEMETERY OR CREMATORY Parkwood Cemetery

23d LOCATION CITY OR TOWN Baltimore, Maryland'

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

Funers 1

DIE 230 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Samuel Landied adjust the

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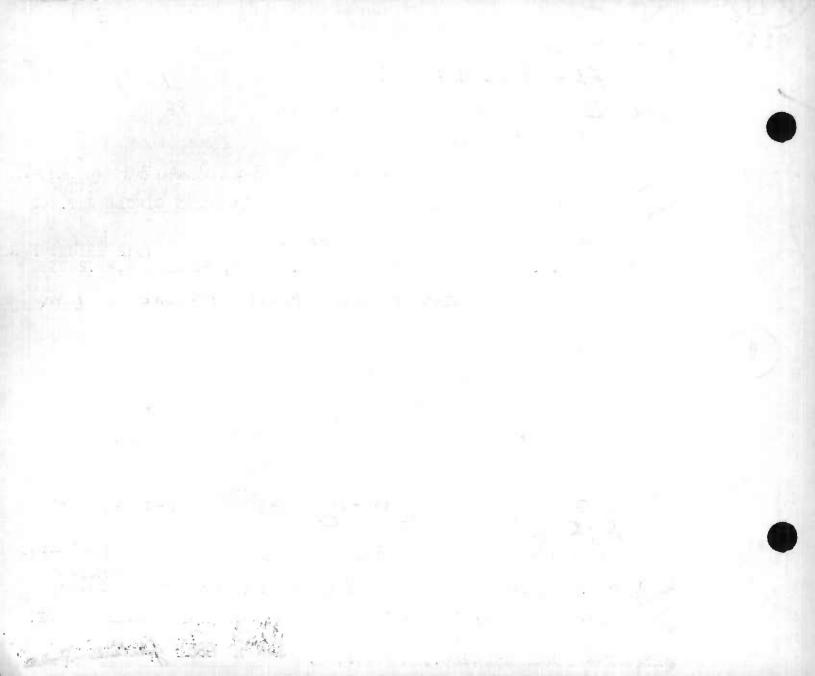
STATE OF MARYLAND CERTIFICATE OF DEATH

	REGISTRAR		CERTIN	TEATE OF BEATTI	REG. N	O.				
	EASED NAME FIRST	MIDDLE	ı	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26. HOUR		
(TYPE	EL Was	d Edward	Sc	hafER		1/3	186	8 4 M		
3. SEX	20	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	- /	DER I YEAR			
	Male	White	MONTH	30 1899	8	6 YRS. MONT	HS DAYS	HOURS MIN.		
	OUNTRY)	76 CITIZEN OF WHAT COUN	VTRY? B	D NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF	DEATH			
	Maryland	U.S.A.	WIDOWE		Balt	mare	CO) , MD.		
10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON I	26. KIND @	BUSINESS OR		
	Towson	MALE A CEN	, Tows	Sult	SUDEC WORK FOR MOST OF	1 1 3 1 12	ridae	Toll Fac		
	L RESIDENCE (IF NURSING HOME OR						3	1204		
130 S MA		TIMORE TOWS		YES XX NO [21 ACORN			PT.102		
14 FA	THER'S NAME			15. MOTHER'S MAIDEN NA			,			
	FIRST A CALL	MIDDLE	o frace	FIRST	WIDDIE		1/10	1		
160 W	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO.	17. INFORMANT	ADDRE	ss 1312		Kara		
(Y	ES NO OR UNKNOWN) (IF YES GIVE	E WAR OR DATES)			מדאכו כוהוכוה			10A10N 1		
_	YES W.W.	1 ノスリーン	6-9159	ALICE S. WI	EBER, BALT	IMORE,				
	18 CAUSE OF DEATH (Enter on	ly one cause per line for (a), (b), and (c).)				BETWEEN	ONSET AND DEATH		
20	PART I. DEATH WAS CAUSE	E CAUSE (o)	NGEST	TIVE HEAD	KT MAIL	URE		1 4R		
		DUE TO, OR AS A CON	STOUTNIST OF							
	Canditions, if ony, which									
	gave rise to immediate	(b)								
	couse (o), stoting the DUE TO, OR AS A CONSEQUER									
	(c)									
,	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
CERTIFICATION										
13	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDINGS USED ING CAUSES OF DEATH?			
1					YES T NOT	YES T				
×	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCUR			OR PART 21			
1.000	OR CONTRIBUTING CAUSE OF DEA	H DAY YEAR								
Di.	(IF EITHER, NOTIFY MEDICAL EXAMINER		19	ANI LOCATION						
MEDICAL	21d. INJURY OCCURRED	(AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE		
~	WHILE NOT WHILE AT WORK									
	220.1 certify that (1) (this haspit	ral) attended the deceased f	Irom 12	-30 19	5 10	1-3,192	16	that (D(we) last		
	sow. The day of the on 1 - 1 - 19 & , and that in my (our) opinion death occurred on the date and have and from the causes stated about the bady ofter death.									
	22b. SICH ATURA	22c. DATE	SIGNED							
	Marth			ATTENDING	MEDICAL STAI		1-	3-86		
1	22d. PHYSICIAN'S NAME THE D	a Patrici		22e ADDRESS	DIRECTOR PHYSIC	IAIY []	V01.15	00		
	11 0			/	=0 N.O		Towson			
	N. KOSENBL	.UM		1600 056	ER DRIV	5	orla	204		
23a B	URIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	23d LOCATION	CALAU	LINEN	O BROSS		
,	BURIAL	01/06/85	CHRIST	r CHURCH	WAYSIDE	CHI	TRLE	S MD.		

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR AREHART FUNERAL HOME. INC.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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J		REGISTRAR			CEKTIF	ICATE OF DEATH	REG. N	0.			1	
1		CEASED NAME FIRST		MIDDLE	l	AST	20 DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR	
	(TYPE	JANI	CE LO	rraine	S	CHAUB		01	22	'86	12:50 M	
١	3. SEX	(4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIR	THDAY)		DERIYEAR	IF UNDER 24 HRS	
	N	Female	Whi	te	111	23 1946	39	YRS	MONTH	S DAYS	HOURS MIN.	
		RTHPLACE STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AA A PD IS	D NEVER MARRIED	9 BALTIMORE CITY	R COUN	TY OF D	EATH		
		Maryland	U.S.		A. WIDOWED DIVORCED			BALTIMORE COUNTY,				
	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN	AG HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN					12b KIND OF BUSINESS OR		
4		TOWSON	GREATE	R BALTIMO	RE ME	DICAL CENTER	Homemaker					
ì	13a. S	AL RESIDENCE (IF NURSING HOME) STATE 13b. CC		13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	/ ZIP CO	DE		21030	
j	Ma	aryland Bal	timore	Cockeys	ville	YES NO	17 Warren	Lodo	ge D	r. (7	APT. 2A)	
1	14 FA	THER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME			LAS		
l			lilliam	Schaub		Ruth	Leora			Pro		
1		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		Coc	keysvill	
		No	OTT THE OR DATES	216/44/0	173 Ruth Patterson 32 Cedar			Knoll Rd.Md. 210			. 21030	
		18 CAUSE OF DEATH (Enter	ICCD DV							BETWEEN ONSET AND DEATH		
		PART I. DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ANOXIC ENCEPHALOPATHY								17 DAYS		
		DUE TO, OR AS A CONSEQUENCE OF										
		Conditions, if ony, which gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF								4 Y	EARS	
ĺ												
		underlying cause last.	((c)_	(c)								
	7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
	101	POSSIBLE SEPSIS, AND HYPERTHERMIA										
7	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?				OF DEATH?	
	RTIE						YES NO		YES 🗌		NO 🗆	
	-	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		OF INJURY .M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	8 PART I C	R PART 2)		
	CAI	(IF EITHER NOTIFY MEDICAL EXAM		M.	19							
	MEDICAL	21d INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE F.	ARM, ETC)	21f LOCATION STREET	CITY OR TO)WN	C	OUNTY	STATE	
	-	AT WORK AT WORK			1/0	- 00	4.400	100		0.0		
		220.1 certify that (1) (this ha	4 /		1/0	, 19			. 17 mm		that (I) (we) last	
		saw the deceased alive above, (1) (we) (did) (did	not) view the bady							from the	causes stated	
	- 0	DEGREE ALL ATTENDING MEDICAL STAFF							2	22c. DAJE	SIGNED	
		PHYSICIAN DIRECTOR PHYSICIAN X								1/2	2/86	
	1	224 PHYSICIAN'S NAME (1)				22e ADDRESS	4			/		
		MICHAEL E				GBMC - 670		S ST	•			
		URIAL, CREMATION, REMOV	AL 236. DATE	23€ N	AME OF C	EMETERY OR CREMATORY	23d LOCATION		LOH.	NIY	STATE	

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT. If he

Cremation

1/23/1986

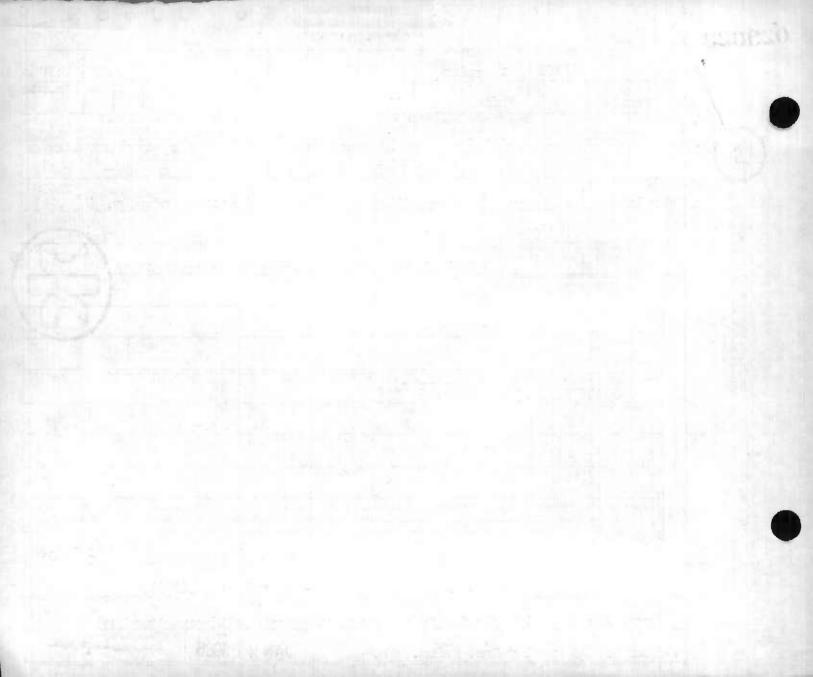
24 FUNERAL DIRECTOR Walter Brooks Bradley Inc. Balto., Md.

Green Mount Crematory Baltimore, Maryland

250. DATE REC'D. BY REGISTRAR'S SIGNATURE

Alto., Md.

JAN 2 7 1986



FOR

1	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	2		7	
	CEASED NAME	FIRST	N	NDDLE	t.	AST		MONTH DA	AY YEAR	2b. HOU	R
	Rev.	Fr.	Martin	John	Sc	hmitt	Jar	uary 5	5 1986	12	AN
35			4. RACE		5 DATE C		6 AGE (IN YEARS LAST BIR		NIHS DAYS	IF UNDER	_
	Male	1117	White		Apri		70	YRS	ONTHS DAYS	HOURS	MIN.
a. Bl	RTHPLACE (STATE OR F	OREIGN		WHAT COUNTRY?	8		9 BALTIMORE CITY O		OF DEATH		
N	Maryland	1670	USA		MARRIED		Baltimor	e Cour	nty		M
_	TY OR TOWN OF DEA	TH			IG HOME C	R OTHER INSTITUTION	120 USUAL OCCUPATE		12b. KIND OF	BUSINE	
T	owson	133		Seph's H		al	Priest	WORKING LIFE)	Relig	ious	3
	AL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION		ADMISSION)			710 0005	1 - 4 0 - 5	2001	
-			more	Timoniu		13d. INSIDE CITY LIMITS? YES □ NO →	130 STREET ADDRESS /	donia	Da .	2100	12
-	ATHER'S NAME	Darer.	inor e	1 miloing	1111	15. MOTHER'S MAIDEN NAM		doma	K.O.		1.3
	August		M.	Schmit	+	Mamie	E.		LAST	chm	i++
Sa V	VAS DECEASED EVER			166 SOCIAL SECU		17 INFORMANT	ADDRE	SS		СІПІІ	100
	YES, NO OR UNKNOWN)		E WAR OR DATES)				:41- 100 T	D - 3	D	1 0	
-		_		215-38-		Anne M. Sm	11th, 109 E	. Pado			PVAL
	18 CAUSE OF DEAT PART I. DEATH W			line for (a), (b), on	d (c)	2.1.1.1		10-1	BETWEEN	NSET AND	DEATH
	E 100 Th.	IMMEDIAT	E CAUSE (o)	CARI	10	JOL MONT	my Al	16 617	1/	MIN	VI
	70-		DUE TO, OR	AS A-CONSEQUE	NCE OF		D.	7.2			
	Canditians, if any, gove rise to imm		(b)	(5) ATO	20	INTUCT	INAC DL	ECON	U		
	couse (o), stotin	g the	DUE TO, OR	AS A CONSEQUE	NCE OF						
	underlying cause	lost	(c)	META	1571	atic CA	aci No!	MA			
	PART 2 OTHER SIGN	VIFICANT C	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE OR CON	DITION GIVE	N IN PART To		
0	C 16	11 K	Hosis	0/-	(VER					
CERTIFICATION	19a DATE OF OPERAT	TIÓN	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN		
1	100 Mg						YES NO	YES		NO [
Ü	21a. ACCIDENT WAS UNE		21b. TIME OF		VEAD	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	1 1 OR PART 2)		
A	OR CONTRIBUTING		in .	a. Month da	19						
EDICAL	21d INJURY OCCURE		21e PLACE C		17	21f LOCATION					
¥	WHILE NOT WH	ILE	(AT HOME STRE	EET, FACTORY, OFFICE, F	ARM ETC)	STREET	(ITY OR TO	NN	COUNTY	\$	TATE
	22a.l certify that (I)		al) attended the	deceased fram	1 _ 4	- S C 10	ta (- 3	10	0 5 (,	hat (I) (v	we) los
	saw the decease abave, (1) (we) (a		-		i C , an	d that in (my) (our) opinion d	eath occurred on the do	ate and hour	0	, ,	
	22b. SIGNATURE	did) (did not) view the body	otter deoth.		DEGREE			22c DATE S		
	2	4	Peeler	Ca	126	ATTENDING _	MEDICAL STAF		1-1	4	16
	22d PHYSICIAN'S NA	AME (TYPE O	PRINT)		7.4	PHYSICIAN X	DIRECTOR PHYSIC	IAN	, ,		-
	EBRAI	IIM	IPAIR	Cit:		7+01010	-ER DRI	VE:	BACT	IME	no
3a D	BURIAL, CREMATION.	DEMOVAL	123b DATE		LAME OF C	EMETERY OR CREMATORY	123d LOCATION	M	4 212:	0 4	
	SPECIFY)	KEMOVAL					CITY OR TOWN		COUNTY		TATE
	Burial		1/9/86	N C	ew Ca	athedral Cem	Baltimor	e City	T	M	d.

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR

New Cathedral Cem. Baltimore City

250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE NAME 10 W. Padonia Rd JAN 16 Martin D. Lawson, y wow structured son- Randalle

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STATE OF MARYLAND S 6 DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND FOR - STATE REGISTRAR CERTIFICATE OF DEATH

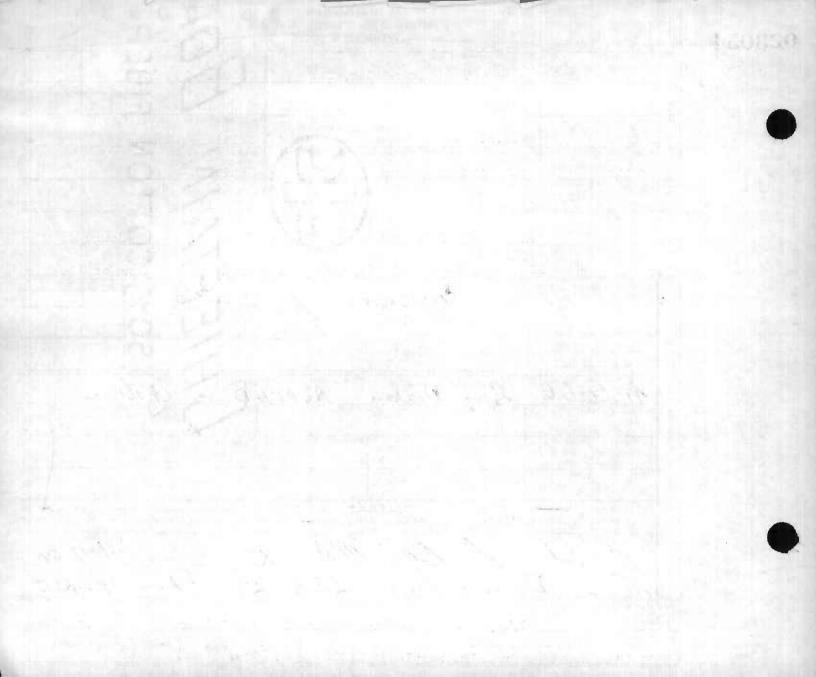
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D FUNERAL DIRECTOR, After the centicate has been signed by the attending physician and completely filled in by the funeral direct	hould be detached to use as the busial-count perms. The please remove carbon papers. Pages 1 and 2 should be filled with 72 hours.	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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DHMH - 16 60M 7/84 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

U	THE	CEASED NAME FRIT	MEDLE		LASI	2a DATE OF DEATH MOI	NTH DAY YEAR	26 HOUR	
		Harold	E. S	chnei	der, SR.	January 16,	1986	M	
U	1.58)	X	4. RACE		OF BIRTH	& AGE (IN YEARS LAST BIRTHDA	MONTHS DATS	IF UNDER 24 HRS HOURS MIN.	
	Ma	le	White	MONT 6	30 1912	73	YRS	HOURS MIN.	
1	7n. 8.0	RTHPLACE (SILUE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8		9 BALTIMORE CITY OR C			
7	1000	ryland	U.S.A.	WIDOW	ED XXNEVER MARRIED L	Baltimore C	ountu	MD.	
7		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI			12a USUAL OCCUPATION	12b KIND C	OF BUSINESS OR	
1	-	3-33	(IF NOT IN SUCH FACILITY, GIVE STREET			(TYPE OF WORK FOR MOST OF WO	DRKING LIFE) INDUSTRY		
/		indalk AL RESIDENCE DE NURSING HOME D	881 Mildred AV			Musician			
2	Jan. S	STATE ISE COU	131. CITY OR TOV	VN	136 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZI			
4			timore Dundalk		YES NO X	881 Mildred	Avenue	21222	
3	11	THER'S NAME	MICOLA LAST		15 MOTHER'S MAIDEN NA/ FIRST	WIDDLE	LAS	51	
		ohn	R. Schneider		Lula	В.	Bourc	her	
/		VAS DECEASED EVER IN U.S. AF	RMED FORCEST 166 SOCIAL SECTION	URITY NO	17 INFORMANT	ADDRESS			
ĸ.	Ye	range of	100 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	120	Dorothy L.	Schneider	Same as	13e	
V		18. CAUSE OF DEATH (Enter of	inly one couse per line for 🙍 . (b), ar	nd ic		111.	APPRÓX BETWEEN	ONSET AND DEATH	
	1	PART L DEATH WAS CAUSE	ATE CAUSE (a) COM	ima	my of	mount	200	70.0	
9		IMMEDIA		70 101		V			
		wateraucker in process and	DUE TO, OR AS A CONSEQU	IENCE OF					
		Conditions, if any, which gove rise to immediate	(b)						
		cause (a), stating the underlying cause fast.	DUE TO, OR AS A CONSEOU	ENCE OF			1022		
			(c)						
	,	PART 2 OTHER SIGNIFICANS	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITI	ON GIVEN N PART I	a	
1	9	Meldolph	Ame Di	alon	e Naco	HD - (Malmai		
).	Į.	IN DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED		CERTIFYING CAUSES		
-	CERTIFICATION	10930 1463615				YES NO	YES	NO [
13	8	218. ACCIDENT WAS UNDERSTOND. [AY YEAR		RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)		
I	3	OR CONTRIBUTING CALCULAR OF DE	10111	19					
1	MEDICAL	THE PHIJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION		STATE		
	×	west a south	(AT HOME STREET FACTORY, OFFICE	FARM ETC)	STREET	CITY OF TOWN	COUNTY	STATE	
п			attended the deceased fram.	2/18	176 19	to.	10	that (I) (me) last	
		snw the deceased alive or	11/12 19	012	nd that in (my) (ear) opinion	death accurred on the date			
		12X SIGNATURE	nt view the bady after death	11	DEGREE		22c DATE		
U		X 1/1/1/1	D A	101	MI TITENDING	MEDICAL STAFF	1	17 8/	
1		()Coyngi	100	ger .	PHYSICIAN 2	DIRECTOR PHYSICIAN		1-04.	
		221 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS	CO DI	1. 0	1 1 . ~	
		11(.h.)	boyhe M	11)	223	イノーノイ	42 72	ALL	
		BURIAL, CREMATION, REMOVAL	L 23b. DATE 23c	NAME OF	CEMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE	
	Br	irial	1/20/1986 N	forela	nd Memorial	BAltimore		aryland	
	24 FU	NERAL DIRECTOR Duda-F	Ruck Inc		25a. DAT	E REC'D. BY REGISTRAR 256,	REGISTRAR'S SIGNAT	TURE	
	70	NAME DUGATE	Dundalk, Mary	7land	21222 PAN	9 1. 1300 July	地域の特別が大いない。	to the same	
		JAZ WISE AVEILUE	Dundain, nat	1 TULLUL_	000 42 600 61 61				



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DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENI CERTIFICATE OF DEATH

REG NO FIRST 20 DATE OF DEATH MONTH DAY YEAR 2b HOUR SL 4 RACE IF UNDER 1 YEAR 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY loseph Housewife Homemaking USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 131 COUNTY 132 CITY OR TOWN 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Glenmore Balto YES Y NOF 2VA 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Burton Theordore Gaines Nora 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS (IF YES GIVE WAR OR DATES) 304-18-6106 Mrs. Allan Mettam 703 Squires Rd. 21204 18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and (c) PART I. DEATH WAS CAUSED BY prato IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Chrome of tructure was disease Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 190 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT YES [NO | 210. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN STATE (AT HOME STREET FACTORY OFFICE FARM, ETC.)

MEDICAL NOT WHILE 220 I certify that (1) (this hospital) attended the deceased from. sow the deceased alive on_ _____, and that in (my) (our) opinion death accurred on the date and have and from the causes stated above. (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF

22d PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS

1-14-86

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY Fairland Cemetery

Fäirland, Indianna

24 FUNERAL DIRECTOR

(SPECIFY)

23a BURIAL, CREMATION, REMOVAL

Burial

- STATE

TYPE OR PRINTE

3 SEX

REGISTRAR

entuch

14 FATHER'S NAME

No

CERTIFICATION

0W 50h

LYES, NO OR UNKNOWN

DECEASED NAME

PHYSICIAN DIRECTOR PHYSICIAN L

23d LOCATION



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. BAITIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND

١		REGISTRAR		CERTII	FICATE OF DEATH	REG. NO).	
		CEASED NAME FIRST		AJDDIE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	2b HOUR
	(TYPE	ORPRINT) CACILIA	G	· 501	stadun	1-21-	86	6 35 M
	3. SE)	(4 RACE	S. DATE O		6 AGE (IN YEARS LAST BIRT		IF UNDER 24 HRS
	./.	Founda	NHT:	TE MONT		CU	MONTHS DATS	HOURS MIN,
1	7n BII	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY? 8	14	9 BALTIMORE CITY OF	YRS P COUNTY OF DEATH	
5		Md.	1 1	MARRIE	D NEVER MARRIED	0,,0	C	
	_	TY OR TOWN OF DEATH	11 NIAME OF	HOSPITAL NURSING HOME		120 USUAL OCCUPATION	MORE C	MD.
1	Ö	OR TOWN OF DEATH		H FACILITY, GIVE STREET AGORESS)		TYPE OF WORK FOR MOST OF		OF BUSINESS OR
	>	DIEDIAIR	11:17.4000		sville	L. GRIEF &	CO. Homen	laker
1	13a. S	AL RESIDENCE (IF NURSING HOME OR) TATE 136 COUN		131 CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	
/		Md.		Baltimore	YES XX NO	3403 Ro	salie Ave.	21234
a	14. FA	THER'S NAME	MIDDLE	t a C t	15 MOTHER'S MAIDEN NA		LAS	
I		-	W	ohlfort	Mary	WIDDLE	(AS	
ì		VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	SS	
1	5 (1	YES NO OR UNKNOWN) (IF YES GIVE	E WAR OR DATES)	219-16-7453	Mr. David E.	Schwartz J	r. Samo	
1		18 CALICE OF DEATH (Enter on	V 000 (01/10 DO		^	302.102.0		IMATE INTERVAL ONSET AND GEATH
١	147	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	O BY.	HABIDAT	Tian NI	NEUMAN	A BETWEEN	DNSET AND GEATH
ı		IMMEDIAT	E CAUSE (o)	1,000	,, , ,	1 10 0 10		
1			DUE TO, O	R AS A CONSEQUENCE OF.	10 HEA1	RT FAIL	1100	
١	-	Conditions, if any, which gave rise to immediate	(b)_	("UNGESTI			VICE	
1		couse lat, stating the	DUE TO, O	RAS A CONSEQUENCE OF ARTERIC		e * c	The Marie	
		underlying cause last						
1	7	PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR COND	ITION GIVEN IN PART 110	a
ļ	CERTIFICATION							
1	CAI	190 DATE OF OPERATION	196. COND	ITION FOR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDIN	
j	TIE					YES NO	YES	NO 🗆
)	CER	210. ACCIDENT WAS UNDERLYING	216. TIME C	OF INJURY .M. MONTH DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)	
	AL	OR CONTRIBUTING CAUSE OF DEA	171	M. MONTH DAT TEAR				
	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY	211. LOCATION			
	¥.	WHILE NOT WHILE O	(AT HOME STI	REET, FACTORY OFFICE, FARM ETC)	STREET	CITY OR TOV	VN COUNTY	STATE
		220.1 certify that (I) (this haspit	ol) ottended th	ne deceased from		to	19	that (I) (we) last
		saw the deceased alive on.	1-16	1986	nd that in (my) (our) apinian (
		obave, (I) (we) (did) (did not	view the bady	after death.	DEGREE		22c DATE	
		MADINA	E 1.	aina	ATTENDING	MEDICAL_ STAF	F 1/2	2/21
		27d. PHYSICIAN'S NAME (TYPE OF	O DRINITI	00000	PHYSICIAN 4	DIRECTOR PHYSIC	IAN []	2/06
					7/22	HARFOR.	1 R1. 2	1234
			RRA					1627
		SPECEY) REMOVAL	23b DATE		CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
	_	Burial	Jan. 2	4,1986 Morela	nd Memorial	Baltimore	e Md	1 199
۱	24 FL	JNERAL DIRECTOR			250 DAT	E READ BY RESISTEAR	256. REGISTRA'NS SION XI	URE

DHMH - 16 60M 7/84 (VRA 15, 4)

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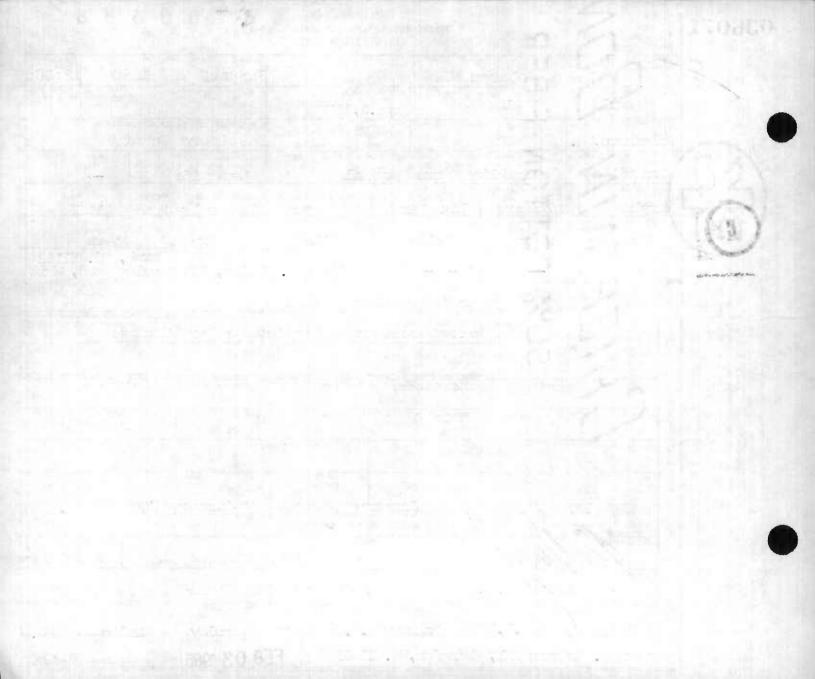
Leonard J. Ruck Inc. Baltimore, Maryland

Manchester. Md.

(VRA 15, 4)

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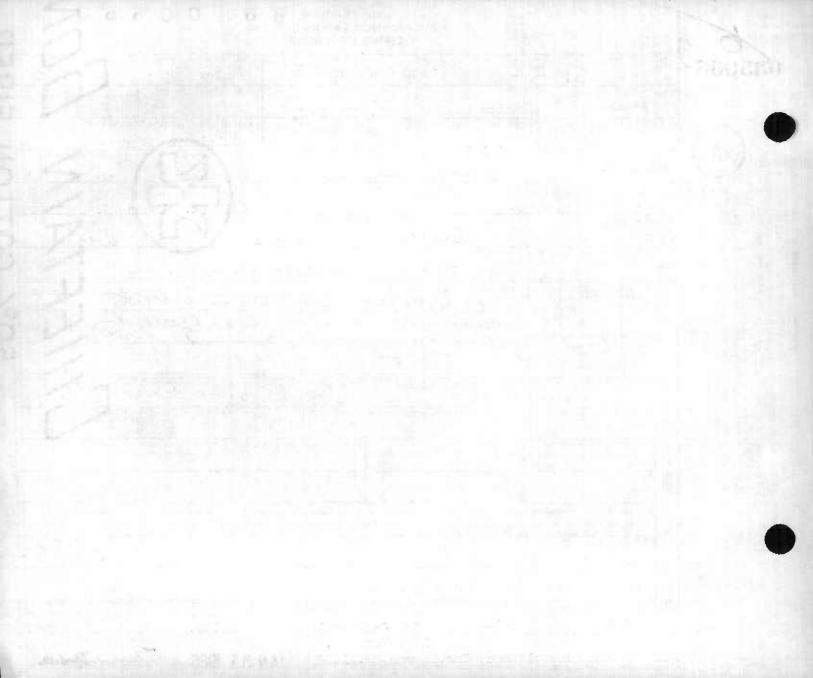


Ruck Towson Funeral Home, Inc. Towson, Md. 21204

(VRA 15, 4)

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 042029 - STATE CERTIFICATE OF DEATH REGISTRAR LAST 20. DATE OF DEATH MONTH I. DECEASED NAME 2h HOUR TYPE OF PRINTS Shaw January 1986 0610 M Reginald Harry & AGE TIN YEARS LAST BIRTHDAYS IF UNDER 1 YEAR IF UNDER 24 HRS 5 DATE OF BIRTH SEX YEAR MONTH VIIII Male White TO BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED Baltimore County Marvland WIDOWED DIVORCED | # CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY University of Maryland Hosp Supervisor Central Baltimore LIAL NESTDENCE LE LE SERVE GHOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONI 1136 COUNTY 13E CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? NOF 224 West Side venue Washington Hagerstown 15 MOTHER'S MAIDEN NAME A FATHER'S NAME MIDDLE LAST MIDDLE LAST Elsie Shank Harry Ross Shaw Cora IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT Delores Shaw same as B No APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART I. DEATH WAS CAUSED BY: avez J sain IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF and Stare Conditions, if onv. which gove rise to immediate cause (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOTO NO [216. TIME OF INJURY 71m ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 71e PLACE OF INJURY 211 LOCATION ō CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a | certify that (1) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body ofter death 226. SIGNATURE 22¢ DATE SIGNED DEGREE ATTENDING MEDICAL STAFF FUNERAL old be deta PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME TTYPE OR PRINT 22e ADDRESS MPORT 0 8 23a BURIAL CREMATION, REMOVAL 23h DATE 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Cremation 1-28-86 Smithsburg Crematory matory Smithsburg Wash 24 FUNERAL DIRECTOR 305 N. . Dotomac St. DHMH - 16 50M 4/83 WALLET GO (VRA 15, 4) Minnici Hagerstown, Maryland

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STATE OF MARYLAND

1 - STATE REGISTRAR			OF HEALTH AND MENTAL HY RTIFICATE OF DEATH	GIENE REG. NO.	i
DECEASED NAME	BESSIE	P. SH	IECKELLS	January 20,	1986
Female	4 RACE Wh		DATE OF BIRTH MONTH DAY 1898 YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 87 YR	IF UNDER LYEAR IF UNDER 24 HR MONTHS DATS HOURS MIN
70. BIRTHPLACE (STATE OR	US	MIC WIE	ARRIED NEVER MARRIED DOWED DIVORCED	Baltimore Cou	inty ,
Dundalk	Herita	uch facility, Give street address ge Nursing H	Iome	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Shirt Factor	IZE. KIND OF BUSINESS C INDUSTRY
JAL RESIDENCE (IF NURS	131 COUNTY	13 CITY OR TOWN Baltimore	13d INSIDE CITY LIMITS? YES A NO	13e STREET ADDRESS / ZIP CO 5311 Grindon	
Thomas	WIDDLE	wrence	15. MOTHER'S MAIDEN N Cather:		Seborn
(YES NO OR UNKNOWN)	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	215-07-682	0.21	. Sheckells Same	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
Conditions, if any, gove rise to imi cause (a), statir underlying cause	mediate DUE TO	disease_			
PART 2 OTHER SIGN	Part Corne		H BUT NOT RELATED TO THE TER		GIVEN IN PART TIO YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO NO
21a, ACCIDENT WAS UNION OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEATH CAL EXAMINER) RED 216. PLAC (AT HOME:	OF INJURY A.M. MONTH DAY P.M. E OF INJURY STREET, FACTORY, OFFICE, FARM, E	19 21f LOCATION	IRRED (ENTER NATURE OF INJURY IN ITEM	
22a I certify that (I) sow the decease	(this haspital) attended	, 20 19 D	7 -0	to Jan. 20 n death accurred on the date and	haur and from the causes stated
220. SIGNATURE	mx		ATTENDING	MEDICAL STAFF A DIRECTOR PHYSICIAN	1/20/86

DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)

Cheng-chung Lin, M.D.

236 NAME OF CEMETERY OR CREMATORY

6730 Holabird Avenue

Md. STATE COUNTY

Rurial
24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. 5305 Harford Road 21214

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029078	1-	FOR XC48463 STATE XC48463	84 DEPAR	MENT OF	E OF MARYLAND SEALTH AND MENTAL HYPE CICATE OF DEATH	GIENE 0	0 6	6 5	
		CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR 2	b HOUR
a contraction		ALBERT	THOMAS	SHE	ETS	JANUARY 25	, 1986	2	2:58 A
or Ter	3 SE	X	4 RACE	5. DATE		6 AGE (IN YEARS LAST BIR			FUNDER 24 HRS
5 95 MM		MALE	WHITE		CH 9, 1915	70	YRS	UATS P	MIN.
# # # A		RTHPLACE (STATE OR FOREIGN	75 CITIZEN OF WHAT COUNTRY	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O			
12/4	_	VIRGINIA	U.S.A. 11. NAME OF HOSPITAL NURS	WIDOWI		BALTIMO		12b KIND OF I	ME RUSINESS OR
1 抽取		ORT HOWARD	V.A. MEDICAL C	T ADDRESS)	on only institution	Saw Opera		Aircra	ift Mfg
种致	130.5	STATE 13b COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORM NTY 134 CITY OR TO LESSEX		136 INSIDE CITY LIMITS?	13e.STREET ADDRESS		ADT F/	21 221
1 13/17/	14. FA	THER'S NAME			15 MOTHER'S MAIDEN NA	AME	THE NO		21221
11/190		GORDON	SHEET:	S	SUSAN	WIDDLE		BARNET	т
5 54 57		VAS DECEASED EVER IN U.S. AR		URITY NO.	17 INFORMANT	ADDRE	SS	Dinaibi	_
Pop P	(W. II 235 16	6345	CLINICAL RE	CORDS, VAMO	. FORT	HOWARD	. MD
to the death certificate by the attending physicis is remove carbon papers, ceremotion, or removal.		PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQU	PULMON JENCE OF CLEROT	ARY ARREST	CULAR DISEAS	Е	APPROXIMA BETWEEN ON	ATE INTERVAL SET AND DEATH
polea priol,		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUI	NOT BELLATED TO THE TERM	AINIAL DISEASE OR CON	DITION CIVEN	L. CART I.	
equire Then r to bu	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN	IN PART ITO	
he law re ion. hos been t permit. iene prior	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO X		VERE FINDING NG CAUSES O	
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or attending After this of easthe burgeling of the order	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE	FARM ETC)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
spital ar CTOR: Af for use o for the old		sow the deceased alive on	tal) attended the deceased from JANUARY 25 19 19 19 19 19 19 19 19 19 19 19 19 19	JANUA 86 , o	1RY 23 , 19 86 and that in (nX) (our) opinion				at (we) lost
OR ha		226. SIGNATURE	-1/		DEGREE			224 DATE SH	GNED
by the by the certain State [Marcia	(xane mo		ATTENDING PHYSICIAN [MEDICAL STAI		1-25-	86
D S S S S S S S S S S S S S S S S S S S		226 PHYSICIAN'S NAME LITTE C	O DOINT:						

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

Bruzdzinski Funeral Home PA 1407 Old Eastern Ave

Borial

230 BURIAL, CREMATION, REMOVAL

1/27/86

13% NAME OF CEMETERY OR CREMATORY Holly Hill Memorial Gardens Daltimore Co., Mane

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

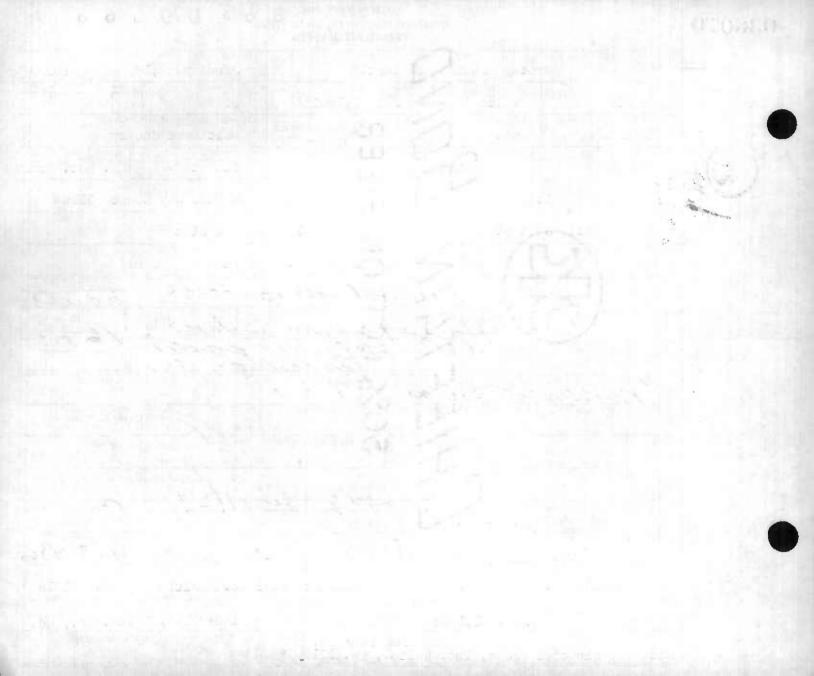
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036070	1.	FOR STATE REGISTRAR			MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	0 5 6	6
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deg dec	3. SE		4. RACE	JOUING D	S DATE C		6. AGE (IN YEARS LAST BIR		271
13 10 00	1	Female	White	2		7,1902 YEAR	83	YRS DA	ATS HOURS MIN.
99	7g B	RTHPLACE (STATE OR FOREIGN ENGLANDER) England	76 CITIZEN OF	WHAT COUNTRY?	MARRIE (D NEVER MARRIED XX		re County	MD.
(197	1	TOWSON	Manoi Manoi	Care-To	WSON	R OTHER INSTITUTION	120 USUAL OCCUPATION OF COMMON OF CO		Nat. Guar
	13a. :		or other institution unity Itimore	GIVE RESIDENCE BEFOR 131. CITY OR TOW TOWSON	E ADMISSION) /N	134. INSIDE CITY LIMITS? YES NO T	13e.STREET ADDRESS	Way Court	21204
1779	14 F	George Ellis	Shrimpton	1 LAST		is mother's maiden NA/	Louise Lis		LAST
7	160 \	VAS DECEASED EVER IN U.S. /	ARMED FORCES? GIVE WAR OR DATES)	217-09-		George E. Sl	nrimpton	Same	
to low requires that the death as an area is the offending permit. Then please remotion, are prior to burial, cremation, are any injury, or other traumatic.	CERTIFICATION	Canditians, if any, which gave rise to immediate couse (o), stating the underlying couse last. PARK 7) OTHER SIGNIFICAN 19a DATE OF OPERATION	DUE TO O	DATRIBUTING TO	NCE OF BUT	Cleroff Cleroff NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR CON 200 AUTOPSY? YES IN NOR	er	NDINGS USED
PHYSICIAN: TI inding physici this certificate e burial-transit d Mental Hygi	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	HOUR A. NER) P. 21e PLACE	m, month d. m.	19	216 HOW INJURY OCCURE 211 LOCATION STREET	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART	
OR ATTENDING to the hospital or attending DIRECTOR. After oched for use os the Dept of Heolth on the Mem 21 is morked	~	WHILE NOT WHILE AT WORK 270 I certify that (I) (this has sow the deceased with above, (I) (we) (distributed) 270. SIGNATURE	spital) attended th		O an	d that m (m) (our) opinion (22c. DA	the causes stated
O FUNERAL Sould be det		William F	7	M.D.	~ / /	PHYSICIAN S 222e ADDRESS 3222 St. Par	DIRECTOR PHYSIC		21218
BP	230	BURIAL, CREMATION, REMOVA (SPECIFY) Burial		31,1986		emetery or crematory id Ridge	Pikesvil	le, Balto.	Co., Md.
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR NAME itchell-Wiedef	eld Home	ADDRESS Ba	6500 Y	York Rd. 250 DAT	REC'D. BY REGISTRAR	256 REGISTRAR'S SIGN	VATÙRE

ADDRESS 6500 York Rd. Mitchell-Wiedefeld Home, Inc. Balto., Md.21212



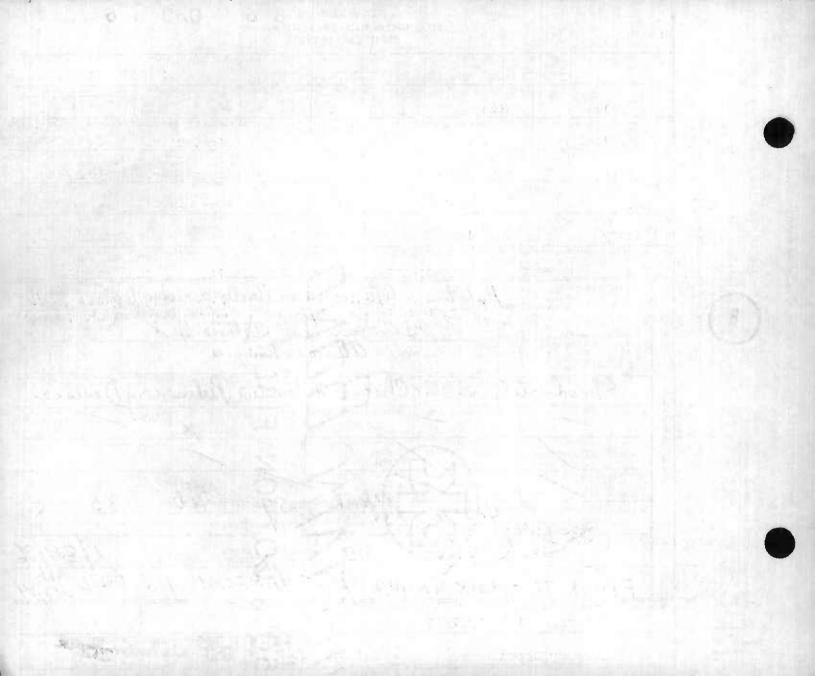
Anatomy Board

FOR

STATE OF MARYLAND

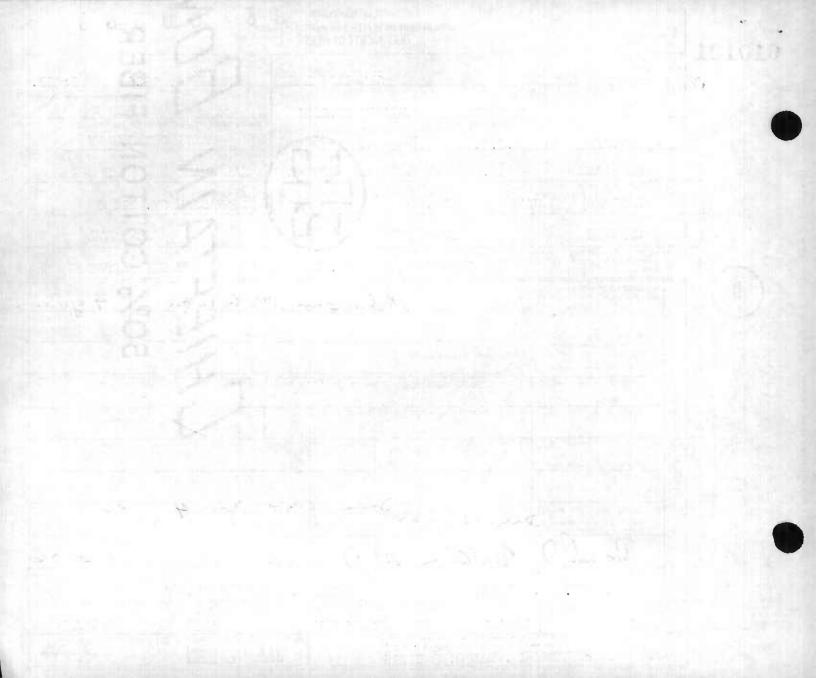
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Balto., Md



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs offer death. Page 4 may be retained by the haspital or offending physician.	.01
TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and compited filter the uneral director page 3 should be detached for use as the busiol-transit permit. Then please remove colonisms and a specific problem of the sidness of the plant of the	01:

~		1 -	FOR STATE REGISTRAR			DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENTA ICATE OF DEATH		PEG NO.	0 6	6	8
1101	UI		CEASED NAME	FIRST	A	MIDDLE	L/	AST .	20	DATE OF DEATH MO	ONTH DA	LY YEAR	26 HOUR
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nd c	dico	Ióa V	VAS DECEASED EVER IN		AED FORCES? WAR OR DATES)	166 SOCIAL S 212-3	0-6095	MRS. ZEL	LDA SI	ADDRESS LBERSCHLAG		NASSAU	J ST 2120
hot the death certificate by the ottend a plant ass remove co ballenal cemption, or manual	other traumate		PART I. DEATH WA Conditions, if any, gave rise to imme cause (a), stating underlying couse	S CAUSED MMEDIATE which diate the	DUE TO, OI	R AS A CONSE	Me OUENCE OF	lanom	a, M	le 6 Tabe	.c.	aeTween 7	CONSET AND DEATH
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he law ion. hos be if permit	300	CERTIFICATION	190 DATE OF OPERATION	NC	196 CONDI	TION FOR WH	IICH OPERATION	N WAS PERFORMED					NGS USED S OF DEATH?
CIAN: 1 g physic ertificate iol-trans ntal Hyg	lem 18 sh		21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA	USE OF DEAT	HOUR A.	M. MONTH	DAY YEAR	ŽI CHOW INJURY C	OCCURRED	(ENTER NATURE OF INJURY I	NITEM 18 PAR	RT) OR PART 2)	
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rrendin pital ar TOR Aft for use a	21 is mor		22a. I certify that (I) (t sow the deceased abave, (I) (we) (dia	olive on_	Dec.	12	di-1-11	d that in (my) (our) o	Sopinian deat	to de the dote	ond hour		that (1) (we) lost couses stated
by the has ERAL DIREC e detached State Dept.	ANT: If hem		226. SIGNATURE 226. PHYSICIAN'S NAM	20	· U	0	N	ATTEND PHYSIC	ING N	AEDIGAT STAFF TRECTOR PHYSICIA	и□		6-86
TO HOSPITATE TO FUNERA Should be diwith the Sta	~ //		DR. DA	VID 1	. MILLI			10219 S		FIELD RD.			
	7	23a B	URIAL, CREMATION, RI SPECIFY) BURIAL	EMOVAL	236 DATE			EMETERY OR CREMA	TORY	236 LOCATION CITY OR TOWN	TE'S	COUNTY	STATE
BP		24 FL	JNERAL DIRECTOR	SOL	LEVINSO	ON & BR	OS.INC.	ILOH CEM	Sa DATE RE	BALTO	B REGISTR	AR'S SIGNAT	LAND TURE
(VRA 15, 4	1)		010 REISTER	(210W	N KD. B	ALTO, MI	21215	100000000000000000000000000000000000000	JAI	0 1900	10000	and fairgos	



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STATE OF MARYLAND

0087	- STATE REGISTRAR	2		CERTIFICATE OF DEATH REG. NO.									
1	1. DECEASED NAM	ME FIRST	MIC	DDLE		LAST	20 DATE OF DEATH ME	ONTH DA	AY YEAR	26 HOUR			
deoth	(TYPE OR PRINT)	Mrs. Rut		Silva	January			4.30 Pm					
, e	3 SEX	4	RACE		S. DATE (6. AGE (IN YEARS LAST BIRTHE	AY)	ONTHS DAYS	HOURS MIN.			
50	Female		Caucasian			ember 6 1907	78	YRS					
ie Pou	76 BIRTHPLACE (STATE OR FOREIGN 76 COUNTRY) Maryland		b. CITIZEN OF WHAT COUNTRY?		8.		9 BALTIMORE CITY OR COUNTY OF DEATH						
2 5					1	D NEVER MARRIED							
t 100					WIDOWE		Raltimore County MD. 1126 USUAL OCCUPATION 126 KIND OF BUSINESS OR						
3 2	0		(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)				(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY						
9	Randalls		Old Court Nursing Home				Ret_Beautician self employed						
1	USUAL RESIDENCE	E (IF NURSING HOME OR O'		VE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS / Z	IP CODE					
135	Maryland			Towson		YES NO T	500 Virginia		1212	21204			
4	14 FATHER'S NAM	AE		1040041	10-11	15. MOTHER'S MAIDEN NA		AVELIU	E-1212	21204			
DR1.	FIRST		DOLE	LAST		FIRST	WIDDLE		LAS	ST			
0		rnard Myer	ED EODCESS II	D FORCES? 166 SOCIAL SECURITY NO.		Rose Rebecca Smith 17 INFORMANT. ADDRESS							
medic	(YES, NO OR UNK		WAR OR DATES)	OU SOCIAL SECO	MIII NO.	Mr. Robert S	ilva	11.33		21228			
E	No			215-32-	3329	2102 Oak Lod	Lodge Road Catonsville Maryla			Maryland MATE INTERVAL ONSET AND DEATH			
hen pleose remov o buriol, cremotic jury, or other troi	gove rise cause (a underlying	Conditions, if ony, which gove rise to immediate cause (a), stoling the underlying cause last DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
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A Por	(IF EITHER N	OCCURRED	21e. PLACE OF	OF INJURY TREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET			CITY OR TOWN COUNTY STATE						
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A 5 S	23a BURIAL, CREA	MATION, REMOVAL	236 DATE	23c NAME OF CEMETERY OR CREMATORY			23d. LOCATION CITY OF LOWN COUNTY STATE			STATE			
	Burial		01-29-86		Lorraine Park Cemetery		Woodlawn	Ba		Maryland			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, Maryland 21133

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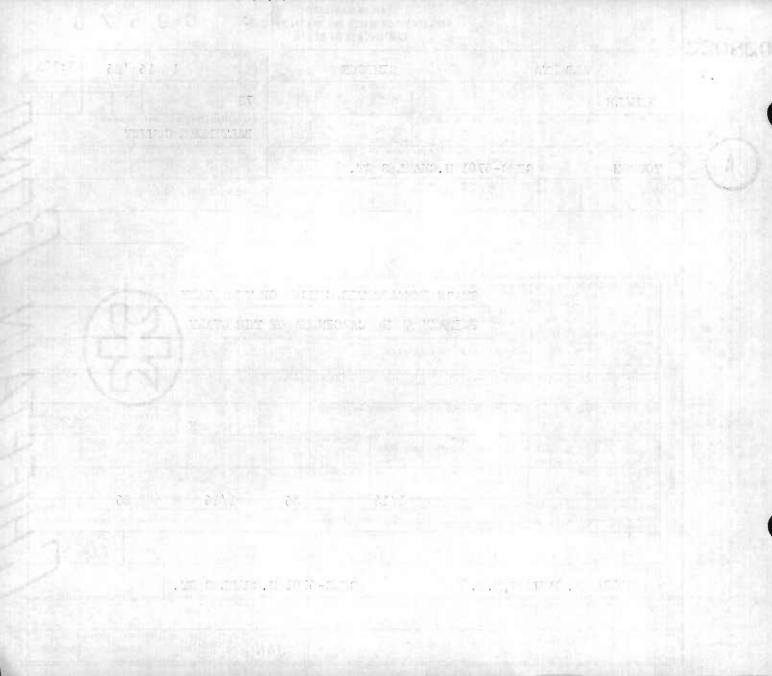
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2501 GWYNNS FALLS PKWY, BALTIMORE, MD. 21216

(VRA 15, 4)

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HEGIENES



DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	CEASED NAME FIRST	WIDDIE	LAST	20 DATE C	OF DEATH MONTH DAY	YEAR 2b. HOUR
		ard A. SIPES	Sn.	Janu	lary 11, 1986	1:11a M
1. SE	Male	White	5. DATE OF BIRTH MONTH DAY 7-18-1915	YEAR	70 YRS	
	Balto. M.	16 CITIZEN OF WHAT COUN	MARRIED LX NEVER M	DRCED Balt	GRECITY OR COUNTY OF timore County	MD
	Essex	(HE NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTI- STREET ADDRESS) Square Hospita	rution 12a USUAL HYPE OF WO		126 KIND OF BUSINESS OR INDUSTRY
(Ja.5	ATRESIDENCE (IF NURSING HOME OR 13b COUN Bal)		Falls 13d. Inside CIT	Y LIMITS? 13e STREET	ADDRESS / ZIP CODE No Raphael Rd	Market
		13374 G GO G A M 2	SECURITY NO. 17 INFORMAN		19200 Rapho	
HON	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause lost	D BY: E CAUSE (0) Respi DUE TO, OR AS A CONS (b) Massi DUE TO, OR AS A CONS (c)	ratory Arrest SEQUENCE OF Ve Cerebral Hem			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	90 DATE OF OPERATION		HICH OPERATION WAS PERFOR	MED 200 AUT		VERE FINDINGS USED NG CAUSES OF DEATH? NO
MEDICAL CE	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ASSECT DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 11 Certify that 1 (this haspi saw the deceased alive an abave, as (we) (did) (At in 22b, SIGNATURE 22b, SIGNATURE 22b, SIGNATURE	HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, C	ram January 2, DEGREE DEGREE DEGREE	19 <u>86</u> to <u>Ja</u> our) apinian death accurr	ed an the date and have an	STATE 86, that (we) lost and from the causes stated 22c DATE SIGNED
	22d PHYSICIAN'S NAME (TYPE O Michael Dela URIAL, CREMATION, REMOVAL SPECIFY)	hunt M. D. 23b. DATE	22e ADDRESS	Franklin Squ		11-11-86 21237
	Burial UNERAL DIRECTOR	1-14-86 nc-6415 Belain	Moreland Memor	Park DATE REC D. BY JAN 1 3	Be 140 MH REGISTRARIZSI, REGISTRARI	

por mice indication to letter army miller and market in the tax and the second of t Like to the and me me made an act in about the state of Done . Aller an High country of -1200

LAST 213- 14-3896 | Norma Christina Slack 1523 Hopewell Ave. 2122 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 206, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (ney) (aur) apinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED 9000 Franklin Sq. Dr., 21237 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) Holly Hill Cemetery Middle River Balto. Maryland 1/17/86 Buria1 4 FUNERAL DIRECTOR 750 DATE REC'D. BY REGISTRAR 756 REGISTRAR'S SIGNATURE Connelly Funeral Home 300 Mace Ave. 21221 he day down for deal

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

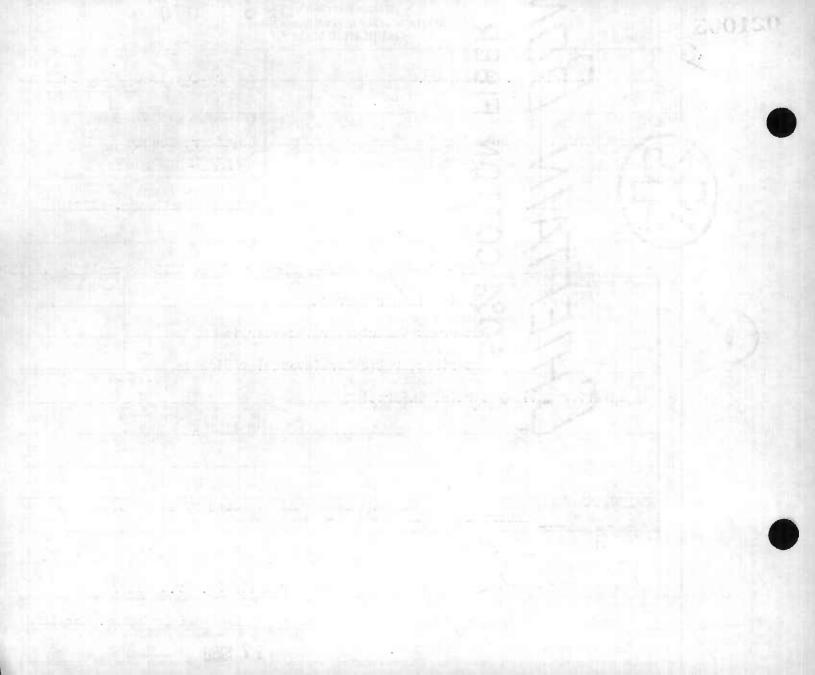
26 HOUR

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DHMH - 16 60M 7/84 (VRA 15, 4)

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REGISTRAR



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3		TOWSO		11	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (1996 OF V FOR MOST OF WORKING LIFE) Atty-Adjuster						YPE OF WORK 12	KIND OF BUSINESS OR INDUSTRY
7	USUA 13a. S			HOME OR OT	HER INSTITUTION, GI	/E RESIDENCE BEFO		1134 INSIDE CITY HAI		13e STREET ADDRESS 15911 YORK RD		State of Md.
7		MD		BALT)	SPA				911 YORK	RD	21152
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					(c)	40	200	2		7		Napo
	N	PART 2 GINER SI	SNIFICART COR	BITHOMS CONT	RIBGING TO DEATH I	BY MUI RELATED	TO THE TERMINAL DISE	ASE DE CONDITION GIVEN	IN PART 1 (a)			//
7	CERTIFICATION	19s. DATE OF	OPERATIO	N	IN CONDIT	ION FOR WH	CH OPERATION	WAS PERFORMED?		-		78 AUTOPSY?
	TIFEC											YES A NO
7	CER	210 EXTERNA		/AS	11b. TIME OF HOUR A.M	INJURY MONTH DA		HOW INJURY OCC	URRED LENTER N	NATURE OF INJURY IN ITEM	18 PART 1 OR PART	2)
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5	1	SIGNALINE	Justo	0	2/10	-	1	M.TU //	MEDI	CAL EXAMINER	SIGNED.	1 000.
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	(5	JRIAL, CREMA						OR CREMATORY		CATION OR TOWN	COUNTY	
		ematio		1	-29-86		estview	- 7 175a D		Lto. REGISTRAR 256 REG	GISTPAP'S SIG	Md.
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009017	,	FOR		DEPARTN	- 1,	E OF MARYLAND	6 _ (0 0	6 7	4	
8	1.	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG	NO.			
20		CEASED NAME FINE		MIDDLE	l	AST	2a DATE OF DEATH		DAY YEAR	26 HOUR	
y be		NORM	A S.	SMAL	LW	DOD	Vanuary	-1-1	1-86	2:50AM	
4 mo	3 SE	X	RACE		5. DATE C	OF BIRTH	6. AGE (IN YEAR) IST	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
and a so		Female	Whi		July	25, 1893	92	YRS.			
4 1 7		COUNTRY	L CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	CEDEATH		
	100	MD		JSA .	WIDOWE	DR OTHER INSTITUTION	Baltimore County N				
e de la companya de l	2	Towson	1 minus	oseph's h	nnpsss)		(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUST				
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P wo Vo	2	Henry H		mallwood	t	May	M.		Braina	rd	
nd co		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORMANT	6637 Loca	YETSHILL	Road,		
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hos b	CERTIFICATION						YES TO NOT	IN CERTIF	YING CAUSES	OF DEATH?	
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RECT RECT ed fo en 2		saw the deceased plive on above, (1) (did) (did and	w the body	after death		DEGREE	dediii occorred on the	date and havi	22c. DATE		
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Of a Charles May 1	23a B	URIAL, CREMATION, REMOVAL	23b. DATE	231 N		EMETERY OR CREMATORY	23d LOCATION				
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DHMH - 16 60M 7/84	24 FL	INERAL DIRECTOR Henry	W. Je	enkins &			HIN 6 198	R 256 REGIST	RAR'S SIGNAT	URE	
(VRA 15, 4)	4	905 York Road	Balto	o., MD	212	12	108/	90			

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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m.e		CEASED NAME	FIRST		MIDDLE		AST	20 DATE OF DE		DAY YEAR	20 1100K	
deotl			CLARA		M.		MEDLEY		01	28 86	1:40A _M	
or. p	3. SE		4	RACE	m To	5. DATE C	DAY YEAR	6 AGE (IN YEAR	LAST BIRTHDAY)	MONTHS DA		
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r this certification the burief in the burief in the burief in the ed or hem 18	MEDICAL C	OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC 21d INJURY OCCURR	AUSE OF DEATH (ALEXAMINER)	HOUR A.	M, MONTH D M.	19	211 LOCATION STREET		ITY OR TOWN	COUNTY	STATE	
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by the ho ERAL DIREC edetoched State Dept.		226 SIGNATURE	SHAUG	HNESSY			DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF X	. 1	28/86	
etoined be should be with the S	22	Craig m.	Sho	nghas			GBMC - 670			Γ.		
BP	230 E	BURIAL, CREMATION, I BURIAL		236 DATE AN . 31			EMETERY OR CREMATORY IE PARK CEME	23d LOCATION CITY OF THE PRESENTE TO THE PRESENT PROPERTY OF THE PROPERTY OF THE PRESENT PROPERTY OF THE PROPE	OWN	ORE COI	UNTY. MD	

DHMH - 16 60M 7/B4 (VRA 15, 4)

BURIAL
24 FUNERAL DIRECTOR
WILLIAM E. LOCH JOHNSON8521 RAVEN

CEMETERY BALTIMORE COUNTY, MD

250 DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

TANDO 1086

036066

DHMH - 16 60M 7/84

(VRA 15, 4)

FOR

1. DECEASED NAME

REGISTRAR

- STATE

FORD SUSAN L. JACKSON 7808 DEBOY AVE. DUNDALK, MARYLAND 21222 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Due to Cardiac Electromechanical Dissociation PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 CITY OF TOWN COUNTY STATE 220 | certify that ((this hospital) attended the deceased from January 29 19.86 to January saw the deceased alive on January 31 19 86 and that in (%) (aur) opinion death accurred an the date and have and from the causes stated above, ((we) (did) (at 1 m) view the bady after death 22c DATE SIGNED MEDICAL STAFF
DIRECTOR PHYSICIAN Drive. BATTIMORE 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 21222 WALTER BROOKS BRADLEY INC., DUNDALK, MD.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2h HOUR

12b. KIND OF BUSINESS OR

AUTO MEGR.

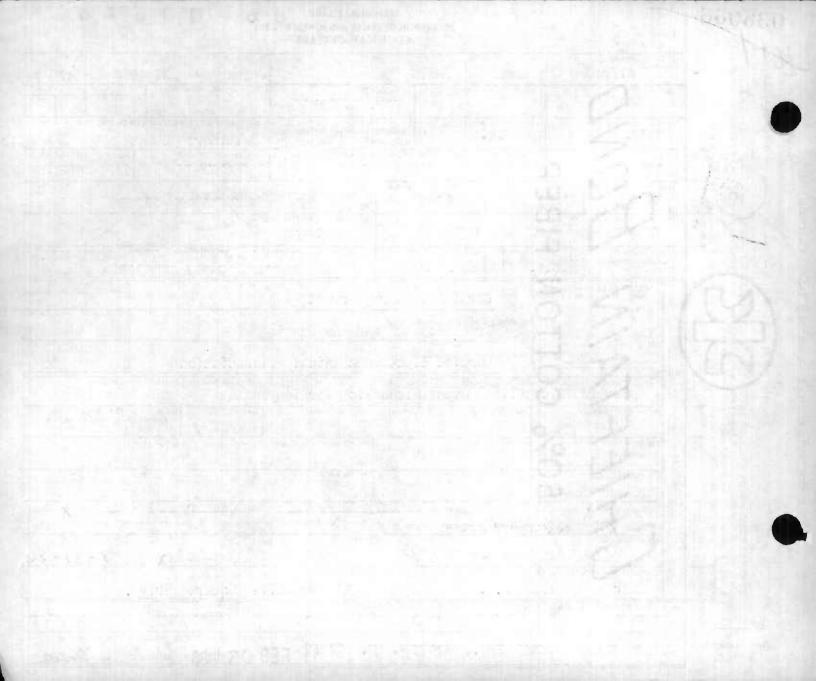
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1986

IF UNDER I YEAR

31

20. DATE OF DEATH



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S NECESSARY, PEASE FUNKEND DIRECTOR. E FOR YOUR FILES. WITHIN 72 HOURS	100	Female	White	Oct. 15,1	1924	61 YRS.	MONTH	DAYS	Hours	MIN P	RONOUNCED DEAD	Jan.	, 24,	19869	AM
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AN SECOND	()	ES, NO, OR UNKNOW	VN) (IF YES, GIVE	WAR OR DATES)		-16-890					3404	Abbie	Place		
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STATE OF MARYLAND

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1	- STATE REGISTRAR			DEI ARTI	CERTIF	ICATE OF	DEATH	R	EG. NO			
	CEASED NAME	FIRST		MIDDLE		AST		20 DATE OF DE			AY YEAR	2b HOUR
-	E OR PRINT)	Char	les	ADAM	SM	ITH		January	1.	1986		9:00p
1.58	X		4 RACE		5. DATE C			6. AGE (IN YEARS		HDAY)	ONTHS DAYS	IF UNDER 24 HRS
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	IRTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8 MARRIE		MARRIED -	9 BALTIMORE	ITY OF	COUNTY	OFDEATH	- 4
	arvland	1300	USA		WIDOWE		IVORCED	Balti	more	e Coun	tv	M
	ITY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER INS	NOITUTION	120 USUAL OCC	UPATIC	NC	12b KIND	OF BUSINESS O
	altimore		Frank]	lin Squa	re H	ospit	al	Plant Ma				ting Co
USU	AL RESIDENCE (IF NUR	136 COUN		GIVE RESIDENCE BEFORE		113d INSIDE	CITY LIMITS?	130.STREET ADD	RESS /	ZIP CODE		
_	ryland	Tal	lbot	Easton		YES 🗌	NO [X	Rt.5 E			21601	
M.F.	ATHER'S NAME		MIDDLE	LAST		15. MOTHER	'S MAIDEN NA		DDLE		1.4	LST.
	eorge	ŀ	₹.	Smith			herine		100		imkuh	ler
	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORM	ANT		ADDRES	55		
N	0			216-07-	0039	Cath	erine	R. Smit	:h	see		
	18 CAUSE OF DEAT	H Enter or	nly one cause pe				Mary 11				BETWEEN	XIMATE INTERVAL LONSET AND DEATH
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100	DATE OF OPERA	11014	198. COND	ITION FOR WHICH	OPERATIO	N WAS PERF	JKMED			IN CERTIFY	ING CAUSES	S OF DEATH?
CERTIFICATION	710. ACCIDENT WAS UN	DERLYING F	21b. TIME C	OF INJURY		121c HOW I	VILIRY OCCUR	RED (ENTER NATURE	X	YES		NO 🗆
1000	OR CONTRIBUTING	CAUSE OF DE	HOUR A.				John Occom	LEN TENTER NATURE	Or 1143GR	IN TEM TO PAR	ATTORPART2)	
MEDICAL	(IF EITHER NOTIFY MED		21e PLACE	OF INJURY	19	211 LOCAT	ION					
N.	MION OI W	HILE	cat nows y	SEL PLOOP OHER !	NAME BYCS	STREE		CI	Y OR TOW	/N	COUNTY	STATE
	220.1 certify that		tal) attended th	e deceased from	Janua	rv T	19.86	to Janu	arv	1 ,,	· 86	that X (we) lo
	sow the deceas above, 1 (we) (/ /					deoth accurred an		le and hour		2.0
	22b. SIGNATURE	did) (did i)	the body	atter death.	7	DEGREE						SIGNED
		M	e M	/ W		UD.	ATTENDING	MEDICAL DIRECTOR DE	STAFF	ANI XI	1-1-	-86
	774 PHYSICIAN'S N	ANY ITHE	1900	1		22e ADDRE		_ DIRECTOR I	HISICI	AN	1	00
	Cuyo	nto 1	Wis HID	1		9000	Frankli	n Square	Dr	ive Ba	ltoN	1D 21237
23a	BURIAL CEMATION	MEMOVAL	A DE DATE	23€ ►	IAME OF C		CREMATORY	23d LOCATIO	N		, , ,	
13	Burial		1-4-8	36 Lal	ke Vie	ew Memo	orial Pa	ark Sykes		le Ca	arroll	Md.

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR Newnam Funeral Home (VRA 15, 4)

Easton, Md.

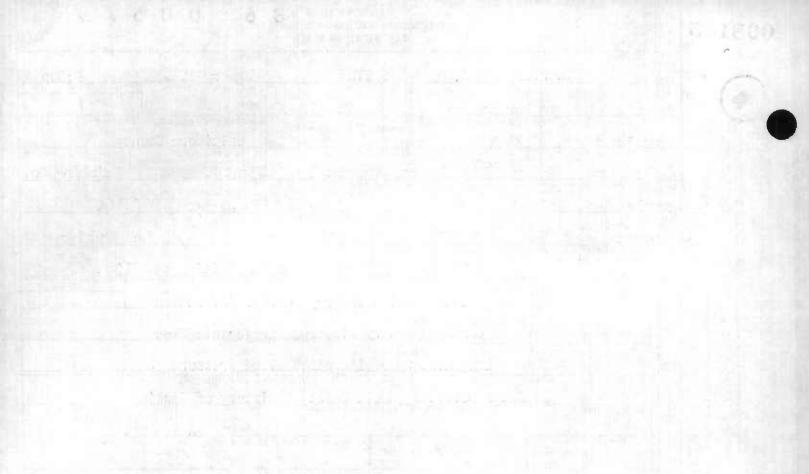
23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN

Lake View Memorial Park Sykesville

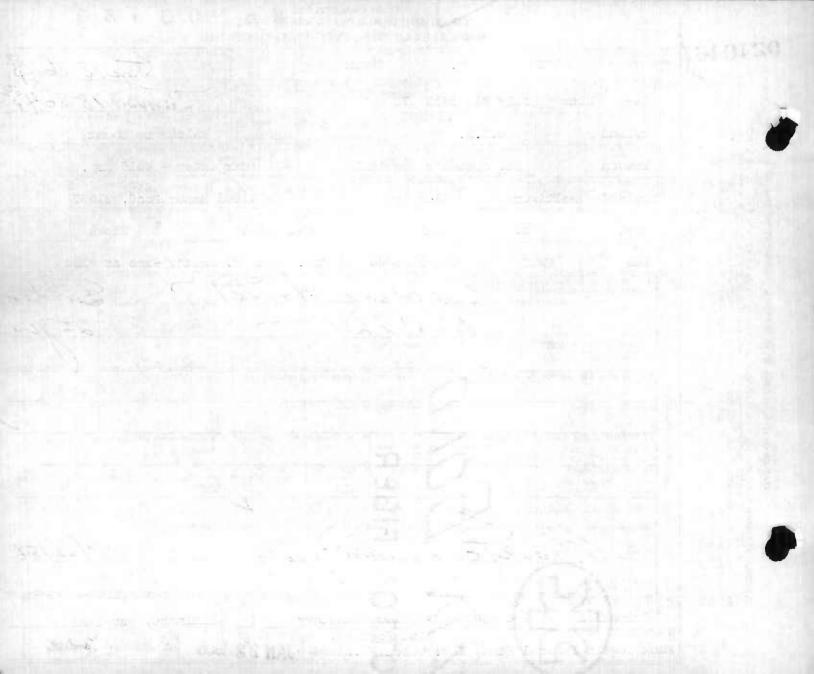
250 DATE REC'D. BY REGISTRAR 25b. RE-

Lle Carroll
25b. REGISTRAR'S SIGNATURE

Md.



20M 4/82



d ector, page 3 4 moy be deoth certificate be executed within 24 hours ofter DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 physici TO FUNERAL DIRECTOR. After the certificate has been signed by the ottending physics should be detached for use as the numerical permit. Then please remove corbonopoes with the State Dept. of Health and Martial Higtene prior to burial, cremation, or removal. WPORTANT: If them 21 is marked at the number of the numerical management of the numerical management. ATTENDING PHYSICIAN: The low requires that the

030076

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIE
- STATE	CERTIFICATE OF DEATH

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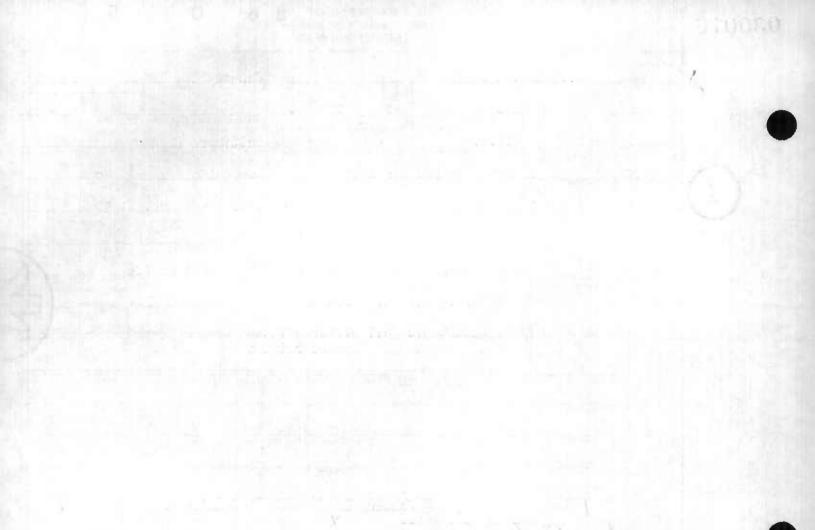
REG NO

		CEASED NAME FIRST		MIDDLE	LAS1		X LT III	70 DATE OF DEATH	MONTH DA	YEAR	76 HOUR
X		E11		SMITH				January 26 AGE (IN YEARS LAST BIR	, 1986		3:20a M
	3 SE	X	4 RACE		5 DATE OF	BIRTH	YEAR	6 AGE (IN YEARS LAST BIR		ONTHS DATE	HOURS MIN.
		Female	White		3	11	36	49	YRS.		
4		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVERA	ARRIED T	9. BALTIMORE CITY O	R COUNTY C	OF DEATH	
2		Pennsylvania	U.S.A	A .	WIDOWED		ORCED	Baltimore	County		MD.
-		ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN		OTHER INST	ITUTION	17a USUAL OCCUPATI	ON		OF BUSINESS OR
	1	Rosedale		n Square		al		Housewife	F WORKING (IFE)	Hom	0
۲	USU	AL RESIDENCE (IF NURSING HO.	ME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)					110/11	<u> </u>
ð		100	OUNTY	13c City or town		INSIDE CI	NO 😼	13e.STREET ADDRESS		22220	
-		Maryland B.	altimore	Edgemere			MAIDEN NA	2623 Manor	Ave.	21219	
2	b .	FIRST	MIDDLE	LAST			FIRST	MIDDLE	-	LAS	ST
-	Name and Address of the Owner, where	Theodore was deceased ever in u.s	A PAMED ECDOCES?	Schott 16b. SOCIAL SECUI	DITY NO. 1	Chri	stine	ADDRE		andt	
L	- (YES, NO OR UNKNOWN)	S. GIVE WAR OR DATES			INTORMA			33		
	1	No		216-32-48	352	Johnny	L. Sm	ith same	as 13e		
		18 CAUSE OF DEATH (Ent. PART I. DEATH WAS CA	ALISED BY							BETWEEN	ONSET AND DEATH
		IMME	DIATE CAUSE 10)	Cardiopulr	nonary	Arres	t				
			DUF TO O	R AS A CONSEQUE	NCE OF						
		Conditions, if any, whice		Metastatio		Diffe	rentia	ted			
	1	gave rise to immediat	e	R AS A CONSEQUE			carcin				
		underlying couse los		K AS A CONSEQUE	NCEOF	nacho	carcin	Olila			
		PART 2 OTHER SIGNIFICA	NT CONDITIONS CO	ONTRIBUTING TO D	EATH BUT NO	OT DELATED	TO THE TERM	INIAI DISEASE OR CON	DITION CIVE	NI INI DART 1	
	Z	The content of the co	arreon pinons <u>e</u> c	5/3/M/501/// 10 0	<u>LAIN</u> BOTTA	D. KELAILD	TO THE TERM	MAR DISEASE ON COIL	DINOR GIVE	THE PART II	0
	CERTIFICATION	190 DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATION '	WAS PERFO	RMED	70a AUTOPSY?	70b IF YES.	WERE FINDI	NGS USED
7	F								IN CERTIFY!	ING CAUSES	OF DEATH?
5	ERT	710. ACCIDENT WAS UNDERLYING	G 7 716 TIME O	F IN II IDV	1	IL HOW IN	ILIBY OCCUPE	RED (ENTER NATURE OF INJU	YES		но 🗌
ĵ.		OR CONTRIBUTING CAUSE C		M. MONTH DA	Y YEAR	III. HOW IN.	JUNT OCCURR	KED (ENTER NATURE OF INJU	EY IN ITEM 18 PAR	IT I OR PART 2)	
	OA	(IF EITHER NOTIFY MEDICAL EXA			19						
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	-	AT WORK NOT WHILE			700						
		22a.1 certify that Y (this I			lanuar	/ 24,	. 19_86	danuary	26, 15	86	that W (we) last
		stry the decreased olive above (we) (did) (d	lanuary	<u>/ 26 19 19 1</u>	36, ond	hat in (vy)	our) opinion o	death occurred on the de	ate and hour c	and from the	couses stated
		77b SIGNATURE	// // Body	i - /	DE	GREE		150000		77c DATE	SIGNED.
		Keith	- ma	Let	n	1D A	TTENDING HYSICIAN	MEDICAL STAF		1/	26/86
-		77d. PHYSICIAN'S NAME (TYPE OF PROATS		17	2e ADDRESS		J DIKECTOR PHYSIC	IAN	1-7	100
		Keith En	glish, M.I)		9000	Frank	lin Square	Drive	21237	
-	-							· · · · · · · · · · · · · · · · · · ·	DI 146,	L1L3/	
	- 1	BURIAL, CREMATION, REMO			AME OF CEM			23d LOCATION CITY OF TOWN Baltimo		COUNTY	STATE
		Burial	1-29-8	6 Oal	clawn (Cemete					aryland
	24. FL	UNERAL DIRECTOR		ADDRESS				E REC'D. BY REGISTRAR			
	Т	Juda-Puck Inc	7022 Wine		Ito N	IC 5M	222 /AN	2 8 1600 3	The state of	i work afferment to	housed of

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Ill shows ony injury, or other troumatic event, the



- STATE REGISTRAR DECEASED NAME

TO BIRTHPLACE (STATE OR FOREIGN

O CITY OR TOWN OF DEATH

(TYPE OR PRINT)

Male

COUNTRY Maryland

Dundalk

Marvland 14 FATHER'S NAME

Samuel

130 STATE

Yes

3 SEX

FIRST

Harold

1136 COUNTY

WAS DECEASED EVER IN U.S. ARMED FORCES?

Canditions, if ony, which

gove rise to immediate cause (a), stating the

underlying cause last.

WHILE NOT WHILE

BAltimore

MIDDLE

HE YES, GIVE WAR OR DATEST

IMMEDIATE CAUSE (0)

WW II

D

4. RACE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 20. DATE OF DEATH MONTH YEAR 7h HOUR D. Smith January 21, 1986 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH DAY YEAR White 9 1922 63 Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. WIDOWED Baltimore County NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY 7603 Maple Road Welder U.S. Coast Guard ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Dundalk YES [NO E 7603 Maple Road 21222 15 MOTHER'S MAIDEN NAME LAST MIDDLE Smith Marie H. Schroeder ADDRESS 16b SOCIAL SECURITY NO 17 INFORMANT 217-14-0812 Marilyn Smith Same as 13e 18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c)
PART I. DEATH WAS CAUSED 8Y: DUE TO, OR AS A CONSEQUÊNCE OF 5 months Correspose DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20e AUTOPSY? M CERTIFYING CAUSES OF DEATH? NOIT 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR P.M. 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME STREET FACTORY, OFFICE FARM ETC) 220.1 certify that (1) (this haspital) attended the deceased from and that in (my) (aur) apinion death occurred an the date and haur and I om the causes stated

ö d H 100 Id be deta the State [

CERTIFICATION 190 DATE OF OPERATION

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED

saw the deceded give an 2-7 abave. (1) (we field) did not view the body after death. 22h SIGNATNA

(SPECIFY)

Burial

230. BURIAL, CREMATION, REMOVAL

236 DATE

1/24/1986

23c NAME OF CEMETERY OR CREMATORY

Oak Lawn

DEGREE

23d LOCATION CITY OR TOWN Baltimore

DIRECTOR PHYSICIAN

STAFF

22c DATE SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR DUda-RUCK, Inc. 7922 Wise Avenue

Dundalk, Maryland

21222

22e ADDRESS

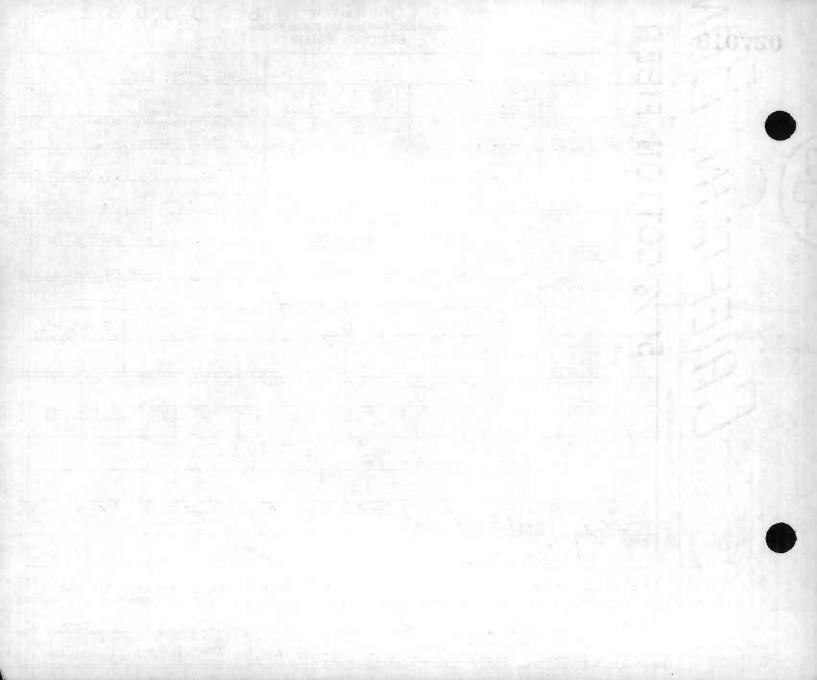
ATTENDING

Maryland

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

MEDICAL

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STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN FOR - STATE 030106 CERTIFICATE OF DEATH REGISTRAR 261 50 524 REG. NO DECEASED NAME 20. DATE OF DEATH 26 HOUR LIVPE OR PRINTS 24 1986 6:35 A SMITH JANUARY JOHN WALTER 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HR MONTH YEAR WHITE MARCH 9 1911 MATE YRS O BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY MARRIED X NEVER MARRIED BALTIMORE COUNTY PENNSYLVANIA ILS.A. WIDOWED O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) MEDICAL CENTER -Fort Howard FORT HOWARD Mont. Wards Sales SUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 21061 la. STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 7854 Americana Circle, Apt. 101 Glen Burnie NO X MARYT AND ANNE A FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE MIDDLE Unknown Beever Smith Clara **ADDRESS** In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Son Maryland 21061 Richard N. Smith 915 Jay Court, Glen Burnie APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)_SEPSTS DUE TO, OR AS A CONSEQUENCE OF CHRONIC RESPIRATORY FAILURE Canditions, if any, which 3 YEARS gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last ADVANCED CHRONIC OBSTRUCTIVE PULMONARY DISEASE 10 YEARS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 TIFICATION RENAL FAILURE, MALNUTRITION, COLOVESICAL FISTULA 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20h IF YES, WERE FINDINGS USED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY COUNTY STATE AT HOME STREET FACTORY, OFFICE, FARM ETC) CITY OF TOWN NOT WHILE

220.1 certify that (i) (this hospital) attended the deceased from FEBRUARY 86 saw the deceased alive an JANIJARY 24 86, and that in (my) (our) apinian death accurred on the date and havi and fram the causes stated

22b. SHGNIATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR | PHYSICIAN X 1=24=86

22d PHYSICIAN'S NAME (TYPE OR HENT) 22e ADDRESS

C.V.J. VERGHESE, M.D. 21052 VA MEDICAL CENTER, FORT HOWARD,

23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) CITY OR TOWN COUNTY STATE Burial Jan. 27, 1986 Lake View Cemetery

24 FUNERAL DIRECTO 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Funeral Home Glen Burnie, Maryland

Sykesville.

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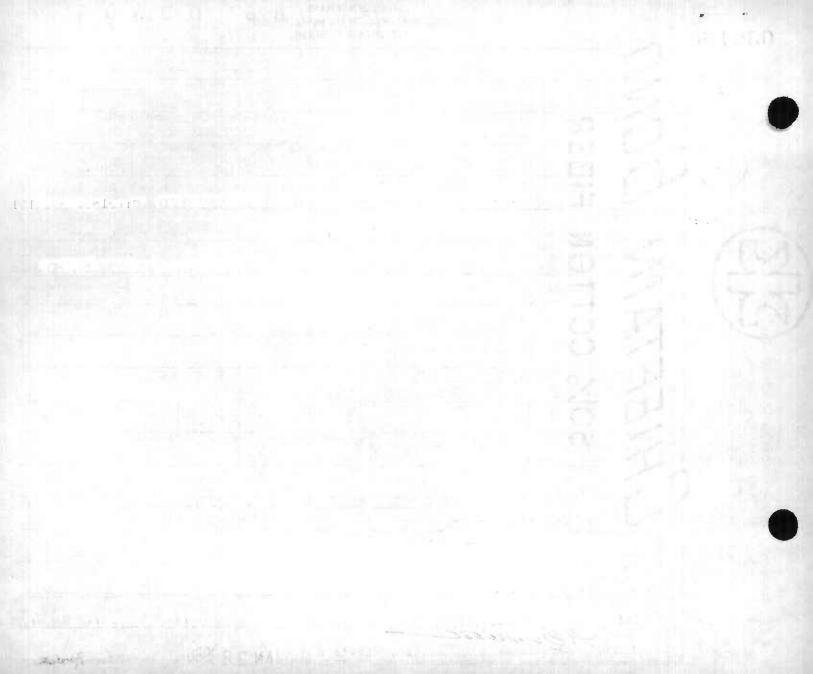
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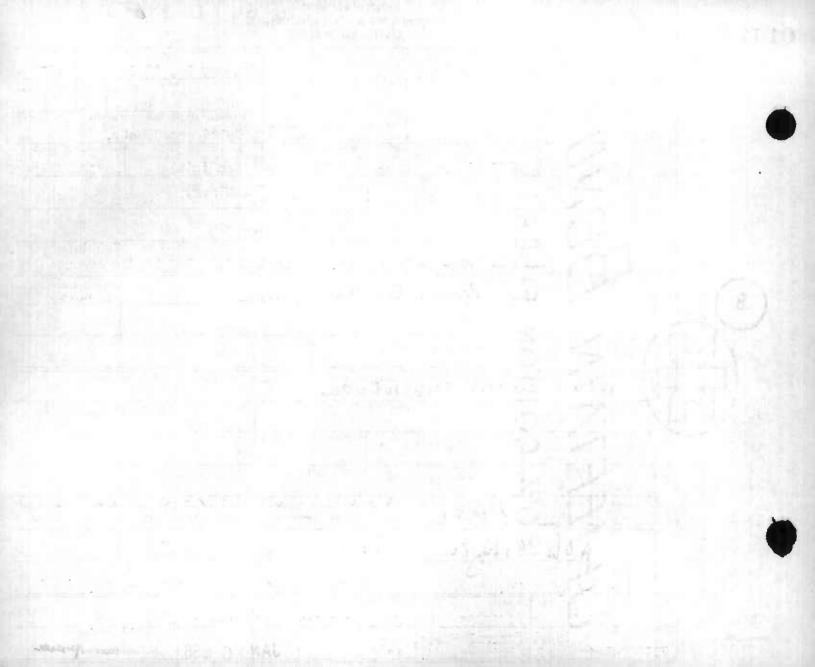
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FOR - STATE REGISTRAR REG. NO 2a. DATE OF DEATH YEAR 7h HOUR DECEASED NAME FIRST TYPE OR PRINTS Estella 24 86 Sponheimer Anna 3. SEX 4 RACE AGE LIN YEARS LAST BIRTHDAY IF UNDER TYEAR IF UNDER 24 HRS Female White 20 66 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ESTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Maryland Baltimore County DIVORCED X WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 1204 Berkwood Rd. Balto. County Rossville 21237 School Bus Dr. MALAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 130 STREET ADDRESS / ZIP CODE 1204 Berkwood Rd. Baltimore 21237 Md. NO IX 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Estella Zajic Winfield Scott Romoser Anna ADDRESS 166 SOCIAL SECURITY NO 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) I LIF YES GIVE WAR OR DATEST 219-03-6426 Winfield W. Sponheimer 1204 Berkwood Rd. 18 CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c) PART I. DEATH WAS CAUSED BY: no Cancer LIGAT IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20h IF YES, WERE FINDINGS LISED 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 710. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF ETIHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21s PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram_ NOU 10 saw the deceased alive on above, (1) (ve) (did) ((id not view the bady after death and that in (my) (our) apinion death accurred an the date and hour and from the causes stated 22b. SIGNA DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 72. ADDRESS

Charles A. Padgett MD (532-3990

5601 Loch Raven Blvd. 21239 Suite #107

230 BURIAL CREMATION, REMOVAL Cremation 1-27-86 Westview Memorial

23d. LOCATION Baltimore. Maryland

24 FUNERAL DIRECTOR

7401 BelAIR Rd. BALTO MD . 21236

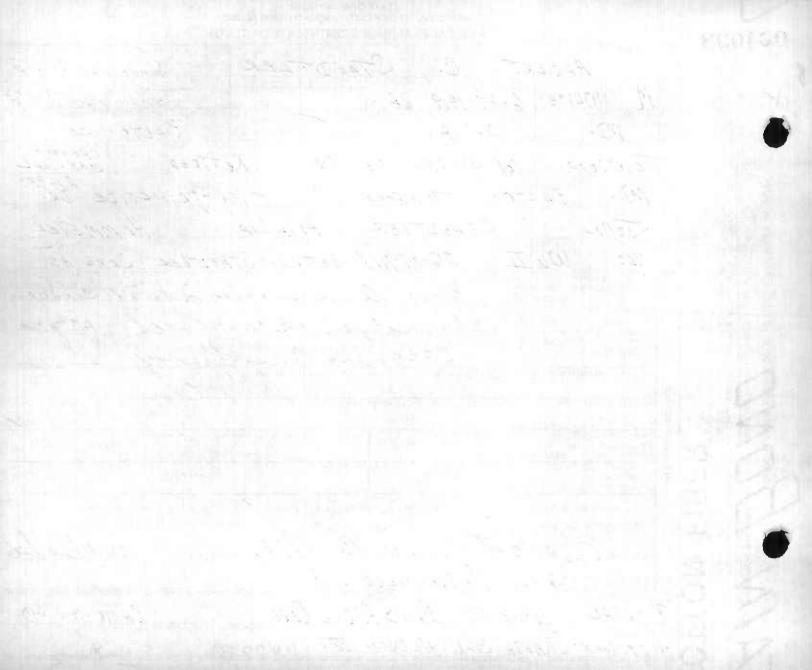
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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0		TY OR TOWN OF DEATH	11. NAME OF H		NG HOME C	OR OTHER INSTITUTION		120 USUAL OCCUPATION			F BUSINESS OR
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4		AS DECEASED EVER IN U.S. AR		166. SOCIAL SECU		17 INFORMANT		ADDRE	SS		
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		V.	Leo			PHYSICIA	AN D	DIRECTOR PHYSIC		1/13	7/86.
		22d. PHYSICIAN'S NAM	a restati	/		22e ADDRESS	/				
		Ruben Reide				914 N. Ch			Balto	Md,	
		URIAL, CREMATION, REMOVAL	23b. DATE	236 1	NAME OF C	EMETERY OR CREMATO	ORY	23d LOCATION		COUNTY	STATE
	В	urial	1-20-8	36	Morela			Parkville		alto.,	Md.
	24 FL	JNERAL DIRECTOR		10	150 V	rk Pd 250	DATE	REC'D. BY REGISTRAR	56. REGIS	TRAR'S SIGNAT	URE

DHMH - 16 60M 7/84 (VRA 15, 4)

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

7922 Wise Ave.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE,

FOR STATE

Baltimore, MD.

21222

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HTGIENE CERTIFICATE OF DEATH

		REGISTRAR AC 30	34003	CERTIT	CALL OF DEATH	REG. N	0.		
deoth		OR PRINT) JOSEPH	GEORGE		NOFSKI	JANUARY 30		Y YEAR	26 HOUR 9:05P _M
s after d	3. SEX	MALE	4 RACE WHITE	S. DATE O	13, 1916 EAR	6 AGE LINYEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
92 /4/1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY O		FDEATH	
1 y		ENNSYLVANIA	U.S.A.	WIDOWE	44	BALTIMO	RE COU	NTY	MC
20	F	ORT HOWARD	V.A. MEDICAL C	AME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION NOT IN SUCH FACILITY, GIVE STREET ADDRESS) A. MEDICAL CENTER 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFT SOAP MIXER		ON DE WORKING LIFE)	INDUSTRY	Brother	
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2 4%	14 FA	THER'S NAME FIRST ANDREW	STANOFSKI		15 MOTHER'S MAIDEN NAM FIRST Caroline	WIDDIE		Pres	ak
D D		AS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRE	SS		
Page H			7. II 213 01 3	3747	CLINICAL REC	ORDS, VAMC,	FORT	HOWARD	, MD
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cark cark			DUE TO, OR AS A CONSEQUE	ENCE OF				- 37	
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or o			(c)					1	
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ond Me ked or h	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F.		211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
or use as of Health		22a. I certify that (** (this hosp	tol) ottended the deceosed from		BER 17, 19 85 d that in Xiy) (our) opinion of	, to	9	86	that (1, (we) lost
of Direction of the Direction of the Dept. of the Direction of the Directi		22b SIGNATURE	the body offer death.		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF CIANTER	22c. DATE 1-31	
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or share with the share of the		URIAL, CREMATION, REMOVAL	236 DATE 23c N	NAME OF CI	EMETERY OR CREMATORY	23d. LOCATION			
		SPECIFY)	2/3/86 Ho	oly Ro	NG B YU	Dundalk		MOYO N	Maryland
14 4044 7 /04		INICOAL DIRECTOR	Daniela Tura	Y TY	25a DATE	REC'D. BY REGISTRAR			
- 16 60M 7/B4 RA 15, 4)	-	922 Wise Ave		21222	FEI	B 0 5 1986	y was well	74001	

FEB 0.5 198h // -----

FOR-

DECEASED NAME

REGISTRAR

1 STATE OF FOREIGN

West Virginia

Randallstown

Samuel Butts

Conditions, if any, which gove rise to immediate cause 101, stoting

underlying cause

90 DATE OF OPERATION

230 BURIAL, CREMATION, REMOVAL

7 In ACCIDENT WAS UNDERLYING

LIF FITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED

Maryland 4 FATHER'S NAME

No

CERTIFICATION

B. CITY OR TOWN OF DEATH

- STATE

Female

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH DAY January 23 Mrs. Mary Olivia Nogel Stratemeyer S. DATE OF BIRTH 4 RACE AGE (IN YEARS LAST BIRTHDAY) December 1 1904 YEAR Caucasian BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED Balimore County U.S.A. 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR HONE TRAKET Baltimore County General Hospital JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
136 STATE 136 COUNTY 136 CITY OR TOWN Villa Nova 13d INSIDE CITY LIMUS? 13. ATREET ADDRESS TOTAL ODE 21207 **Baltimore** 15. MOTHER'S MAIDEN NAME MIDDLE LAST Mary Catherine Nogel MIDDLE 17 IN MISSINT PAPIERE StratemeyerRESS In WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO Baltimore 4001 Essex Road Maryland 219-42-7121 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I, DEATH WAS CAUSED BY: HEART FAILURE CONGECTIVE DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART THE 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28b. IF YES, WERE FINDINGS USED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) and that in (my) (ay apinion death accurred an the date and hour and from the causes stated DEGREE 22¢ DATE SIGNED

NOT WHILE 22a I certify that ((this hospital) attended the deceased from saw the deceased alive and phave, (1) (we) (did) (did nat) view the body after death MITTER PU RUSHOTT AM

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY Moreland Memorial Park

ATTENDING

23d LOCATION Parkville

STAFF DIRECTOR PHYSICIAN

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

MEDICAL

Baltimore Maryland

Burial Loring Byers Funeral Directors, Inc. 24 FUNERAL DIRECTOR 8728 Liberty Road Randallstown, Maryland 21133

01-27-86

WILL WALLES

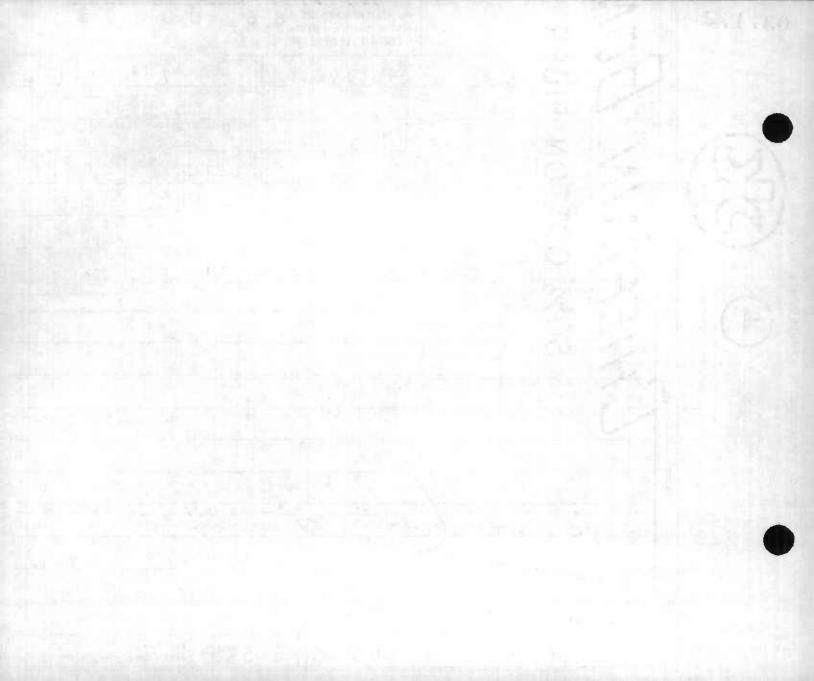
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CA CARD TO THE STATE OF THE STA

STATE OF MARYLAND 037172 DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a DATE OF DEATH I DECEASED NAME MONTH 2b HOUR TYPE OR PRINT! age 3 86 IF UNDER 24 HRS 3. SEX 6 AGE (IN YEARS LAST BIRTHDAY) YEAR Caucasia & CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE I STATE OR FOREIGN MARRIED | NEVER MARRIED OTO MD. WIDOWED X DIVORCED [10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY ouson Receptionist Chemical USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 13b COUNTY 13c CITY OR TOWN 13a. STATE 13e.STREET ADDRESS / ZIP CODE 134 INSIDE CITY LIMITS? Md. Balto. Towson 302 Joppa Rd. 21204 NO F 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST Floyd B. Vane Vickors Lucy 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) No 213-05-2877 Mr. George L. Brinley Same as #13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF NO [YES | Hygie 21g, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) DIVISION OF VIT DAY HOUR A.M. MONTH YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d, INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY CITY OF TOWN STATE AT HOME STREET, FACTORY OFFIR FARM ETC 1 NOT WHILE 220.1 certify that (1) This haspital attended the deceased from. **g6**, and that in (my) cour opinian death occurred on the date and hour and from the couses stated saw the deceased alive an above, (1) (we did (did not view the body ofter dec 22b. SIGNATURE DEGREE 224 DATE SIGNED ATTENDING MEDICAL STAFF old be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 27d. PHYSICIAN'S NAME THE OR PRINT 22e ADDRESS shoul with 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY STATE 1/31/86 Removal 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 ADDRESS. Anatomy Board Balto., Md. (VRA 15, 4)



4905 York Road Balto., MD

(VRA 15, 4)

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DHMH - 16 60M 7/84 (VRA 15, 4)

FOR 1 - STATE

EIRTHPLACE

3.5EX

FOR STATE REGISTRAR	DEI	STATE OF MARYLAND B PARTMENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH	6 0 0 6 4	9 6
EASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DA	Y YEAR 26 HOUR
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	4 RACE	5. DATE OF BIRTH		UNDER I YEAR IF UNDER 24 HRS
M	CAUCASI	ON 06 30 25	60 YRS	NIHS DAYS HOURS MIN.
THPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUL	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY	LTO. Co.
Y OR TOWN OF DEATH	11. NAME OF HOSPITAL N	JURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
VDALLSTOWN	Baltimore C	ESTREET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE)	
LESIDENCE I F NURSING HOME OR TATE	OTHER INSTITUTION GIVE RESIDENCE ITY OF		13. STREET ADDRESS / ZIP CODE	nam Rd. 212
THER'S NAME		15 MOTHER'S MAIDEN N		
ames	Swe !	eney Alice	WIDDLE	Hart
	WED FORCES? 166 SOCIAL WAR OR DATES)	SECURITY NO. 17 INFORMANT	address Sweeney 526 Not	Hinr ho 12 2 2 2 2 2 9
18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	ly ane couse per line for (a), D BY: E CAUSE (a)	(b), and (c) /	+	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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gave rise to immediate lause (a), stoting the underlying cause last.	DUE TO, OR AS A CON	SEQUENCE OF LUPUS	Enthematosis	
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11.	N I	

21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

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saw the deceased alive an abave, (I) (we) (did) (did not view the bady after death and that in (mx) (our) apinian death accurred an the date and have and from the causes stated 226 SIGNATURE DEGREE

ROAD

CTOWN 230 BURIAL, CREMATION, REMOVAL 23d LOCATION

New Cathod CITY OF TOWN 24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR

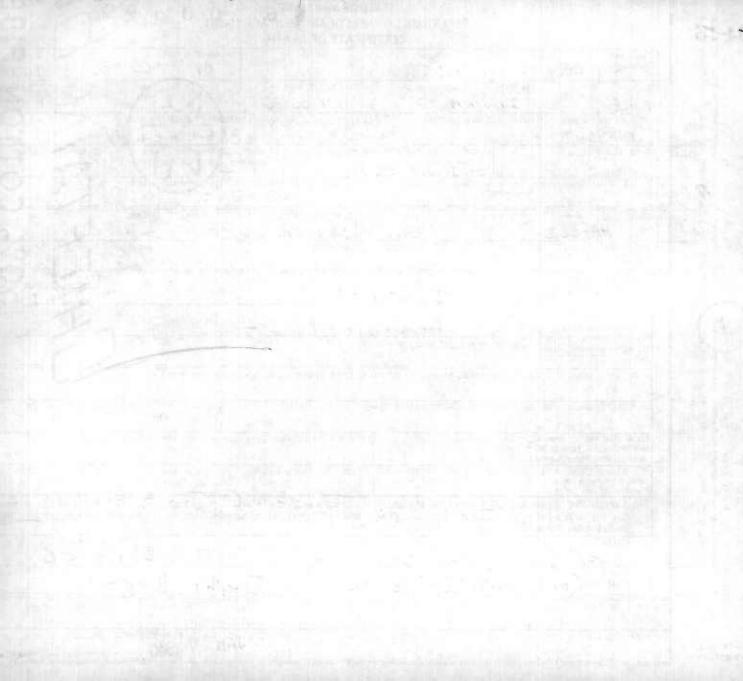
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STATE OF MARYLAND

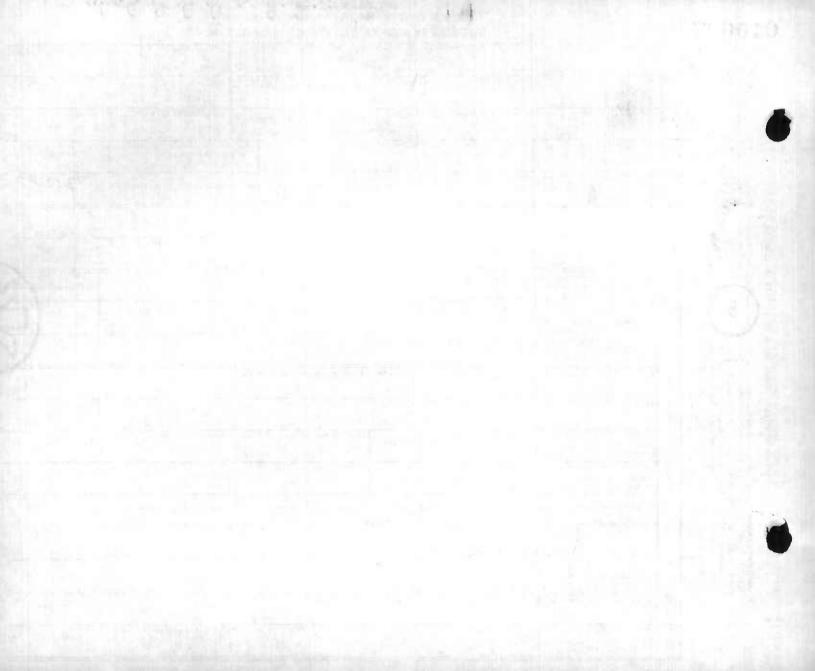


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DEPARTMENT						
CE	DTI	FICA	TE	OF	DEATH	

010011	1 -	FOR STATE REGISTRAR	DEPARTN	STATE OF MARYLAND 6 IENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 0 0 5	9 8
7 7 7	I DEC	EASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
9e 9e	TITE	WILLIAM E.	TARR, SR.		Jan. 2, 1986	M
set 4 may b	3 SE		RACE White	5. DATE OF BIRTH MONTH DAY YEAR NOV. 21. 1917	6 AGE [IN YEARS LAST BIRTHDAY]	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
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ofter d	io CI		(IF NOT IN SUCH FACILITY, GIVE STREET A		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	126. KIND OF BUSINESS OR
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be m		yes WW			cords	APPROVIMATE INTERVAL
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sign hen l to bu	N	PART 2 OTHER SIGNIFICANT CO	DADITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION G	IVEN IN PART To
ny in	CERTIFICATION	190 DATE OF OPERATION	19b CONDITION FOR WHICH	OPERATION WAS PERFORMED	20e AUTOPSY? 20b. IF YI	ES, WERE FINDINGS USED
o e lo	IFIC				IN CERT	IFYING CAUSES OF DEATH?
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Clan Physical Physica	ICAL (OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	Y YEAR		
HYSh ding ding ce buri Mer Mer	MEDIC	214. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
G Present the and and ked	W	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE FA	RM ETC) STREET	CITY OR TOWN	COUNTY STATE
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TTEN portol for u of He		sow the deceased alive on above, (1) (we) (did) (did not)	12/2+ 198	ond that in (my) (our) apinion	death accurred on the date and ha	
R A has has like C like d ept		22k - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	Mew the budy after death.	DEGREE		220 DAJE SIGNED
te D		Valekal	1 trung and	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/6/8/
SPIT SPIT		22d PHYSICIAN'S NAME (TYPE OR	PRINT)	220 ADDRESS	J DIRECTOR CONTROLLER	1100
TO HOSPITA retained by TO FUNERA should be de with the Stat IMPORTANT		Richard Hum	nhrev M D	Johns Hon	kins Hospital	
0 € 0 4 ¥ ₹	23a B	URIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d LOCATION	
BP		SPECIFY)	116106	main and The state of the	A D - 7:	COUNTY STATE
DHMH - 16 60M 7/84	24 FL	NERAL DIRECTOR		errison Forest V	E REC'D. BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE
(VRA 15, 4)	Ev		Chimes 2325 Yo	rk Road	JAN 8 1986 -	- working - Northern

MAL BALL

STATE OF MARYLAND 010037 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20 DATE KNOWN X MONTH DECEASED NAME (TYPE OR PRINT) S NECESSARY, PLEASE EFUNERAL DIRECTOR E 5 FOR YOUR FILES. TO WITHIN 72 HOURS H. DEATH MATED LUTHER TAYLOR 1986 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. SEX IF UNDER 24 HRS 2c DATE 2d HOUR LAST BIRTHDAY PRONOUNCED 6:55_M DEAD black 1933 | 52 male 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY! ٧a 11 5 WIDOWED DIVORCED Baltimore County LETTY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Baltimore Franklin Square Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) W. PRESTON ST., BALTIMORE, MD. 2120 13a STATE COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Md Baltimore 2742 Elicott Drive YES Y NO [4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST LAST MIDDLE Daniel Taylor Dorothy Nickens MAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO. 7. INFORMANT ADDRESS YES, NO. OR UNKNOWN) (IF YES GIVE WAR OR DATES) 229-42-4884 Shirley Ann Taylor 2742 Ellicott Drive 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION SHOULD BE USED A SARTMENT OF HEA SIOR TO BURIAL, O 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES VE NO NER: THIS CERTIFICATE WO ICATE, WRITING THE WO IS FORWARDED TO THE CONTRACT PAGE 3 SHOULD BE AGE 3 SHOULD BE AGE 3 SHOULD BE AGE AS SHOWN AS A SHOULD BE AGE AS SHOWN AS A SHOWN 21ª EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC) STREET CITY OR TOWN COUNTY WHILE NOT WHILE PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BRITIMORE, MARYLAND, 21201 Autopsy X 22a. I certify that I took charge of the remains described above, held on Inspection Inquiry and in my apinian Natural causes X death resulted fram: Accident Hamicide __ Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER SIGNED 1-5-86 SIGNATURE EXAMINER'S NAME ADDRESS 111 Penn St., Balto., MD 21201 Ann M. Dixon, M.D. TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236. DATE Va Burial 1/10/86 Mt Olive Baptist Ch Cem North Umberland Co 07/B4 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** William C. March F/H West 4300 Wabash Avenue JAN (VR A15 ME (5))



DHMH - 16 50M 4/B3 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W.

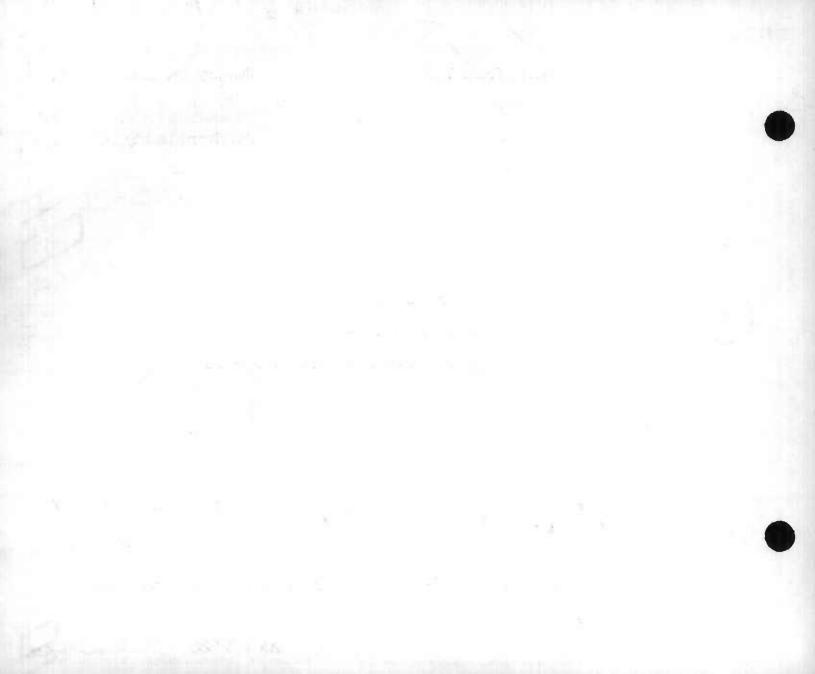
Anatomy Board

24 FUNERAL DIRECTOR

ADORESS

Balto., Md.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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		REGISTRAR		CEICITI	TEATE OF BEATT	REG. NO.					
1		CEASED NAME FIRST	WIDDLE	ı	AST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR			
6	Titre	HUGUST	. H.	TH	MAS		15 86	735 AM			
V	3 SE>		4 RACE	S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR				
		MALE	Caucasion	MONTH	2 94	91 YRS	MONTHS DAYS	HOURS MIN.			
7		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTE	RY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH				
		GEEMANY	USA	WIDOWE		Baltemere	Courty	MD.			
ζ	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND C	OF BUSINESS OR			
Ш	1	Balto.	FREDERICK VIII	A N.C-	Acousterny Lave	1	,	Acceptance			
Đ,	USUA 13a. S	AL RESIDENCE (IF NURSING HOME OF			134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	DE	AUTO ROUGH			
\tilde{e}_{i}		MO. Be	alterious Cator	sville	YES NO P	1931 Altavue		1228			
g)	14 FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA	ME	EAS	CY			
O		August	Thomas	5	Emma	······································					
1		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SE	ECURITY NO.	17 INFORMANT	ADDRESS	-				
		NO		9544	Elmer Lewns,	1931 Altavue R	oad, 212	.28			
		18 CAUSE OF DEATH (Enter on	nly one couse per line for 101, (b),		- 01		APPROX BETWEEN	ONSET AND DEATH			
-		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (0) Choomic	Obstr	Arre Pulmon	y Disease					
		DUE TO, OR AS A CONSEQUENCE OF									
		Conditions, if ony, which	(b)								
		gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF									
		underlying couse lost.									
	_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
	CERTIFICATION		Ementia								
1	ICAI	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b IF	YES, WERE FINDING CAUSES	NGS USED OF DEATH?			
1	RTIF		Landy of the second			YES NO	YES 🗌	NO 🗌			
		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	216 TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM)	8 PART (OR PART 2)				
7	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	ALD .	19							
	EDI	21d INJURY OCCURRED	21e PLACE OF INJURY	ICE FARM FIC)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE			
	2	AT WORK NOT WHILE	The same state of the same sta	ne i Anni e i e j		,					
			ital) attended the deceased fro	m			. 19 86	that (It we last			
		sow the decosed of obove (I) (we) (did) (did pe	view the body after death.	9 86,01	nd that in (my)our) opinion	death occurred on the date and h	iour and from the	couses stated			
П		22b. SIGNATURE			DEGREE ATTENDING	MEDICAL STAFF	22c DATE	SIGNED			
		Whate	1/13	186							
		226. PHYSICIAN'S NAME THES	M MINE		22e ADDRESS						
		ALAN KE	EISINGER P	nD	5411 OLD	FREDERICK P	D	21229			
	23a. B	SURIAL, CREMATION, REMOVAL		3c NAME OF C	EMETERY OR CREMATORY	23d LOCATION					
	(Burial	1/18/86	Crestl	awn Mem. Gard	dens Marriottsvi	11e Howa	ard Md.			
	24 FL	JNERAL DIRECTOR				TE REC'D. BY REGISTRAR 256. REG					
	Hu	bbard Funeral H	Home, Inc., 410	7 Wilke	ens Ave.	JAN 1 0 1986	was proof legist	- British and			

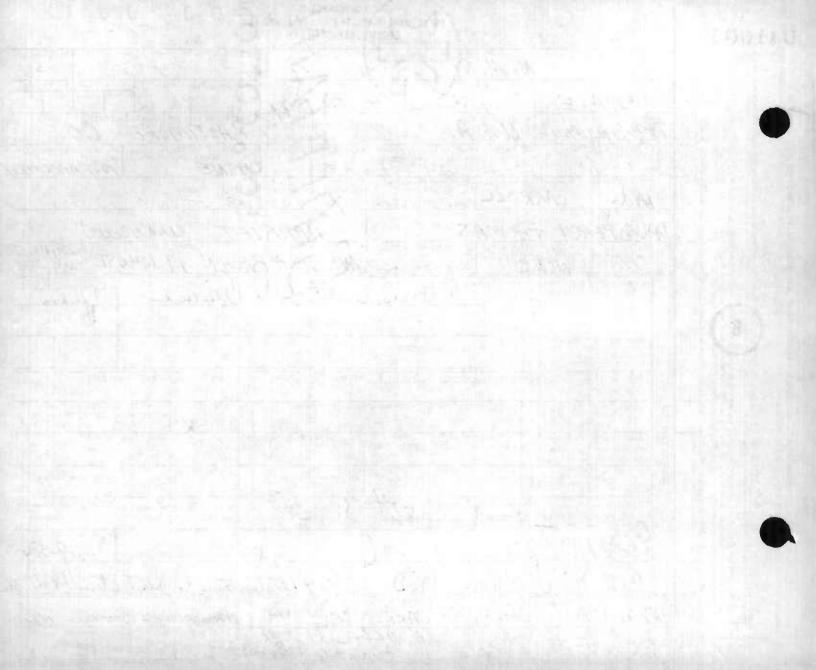
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84 (VRA 15, 4)

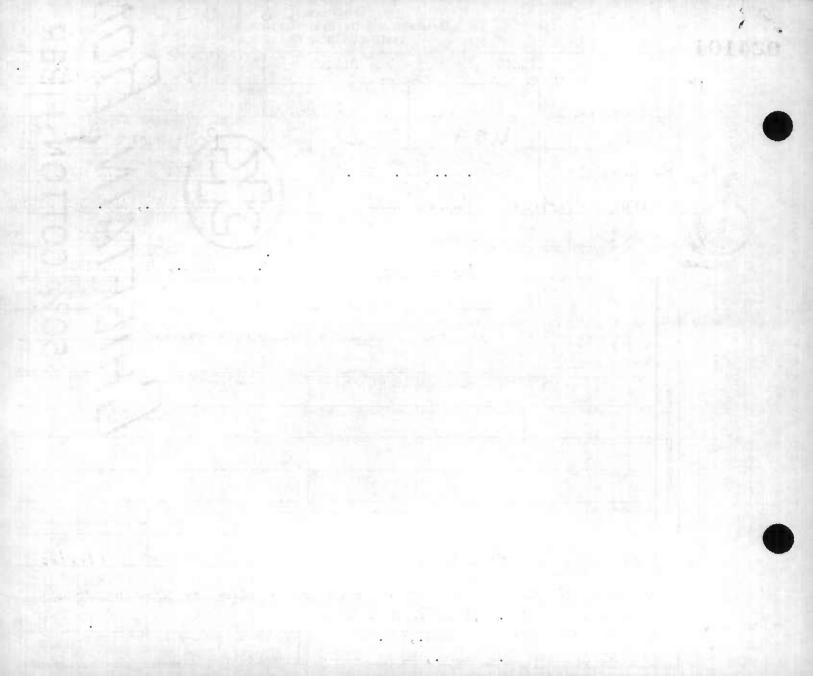
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(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUS	MD. ND OF BUSINESS OR
Westministed yes NO 19 JOHN STEE 15. MOTHER'S MAIDEN NAME IS MOTHER'S	LYST MIN STE MD) 2115 1 PROXIMATE INTERVAL AEN ONSET HAD DEATH
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190 DATE OF OPERATION	ISES OF DEATH?
22a I certify that (I) (this hospital) attended the deceased from the date and hour and from saw the deceased alive en view the body attended the deceased from the date and hour and from saw the deceased alive en view the body attended the deceased of the property of th	2, that (I) (was) lost the causes stated ATE SIGNED 29-86
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STATE OF MARYLAND



	FOR STATE			DEPARTMENT OF		AND MEN	TALÖYGIE	NE () ()	10	5	
1015	REGISTRA		ME	DICAL EXAMIN	ER'S C	ERTIFICA	TE OF DE	ATH RE	G. NO.		
20	1. DECEASED N. (TYPE OR PRINT)	Raymo	ond Ge	orge Ti	oton	LAST		OF ESTI	. Y Jan.	15, YERE	26. HOUR 0530A
N STREET	J. SEX Male	4. RACE White	S. DATE OF BIRTH	YEAR LAST BIRTHD	AY) MONTH		UNDER 24 HRS	PRONOUNCED DEAD	HINOM	DAY YEAR	2d. HOUR
6	70. BIRTHPLACE FOREIGN COUNT Maryla	RY)	76. CITIZEN OF W	HAT COUNTRY?		ED NEVER	MARRIED [Baltin	more Cou		0622
0	10 CITY OR TOV		11. NAME OF HO	SPITAL, NURSING HOME ACLITY, GIVE STREET ADDRESS!			N 1120. US	SUAL OCCUPATION R MOST OF WORKING LIE	(TYPE OF WORK	OR INDUST Univer	TRY
3	USUAL RESIDEN 130. STATE Md.	CE (IF IN NURSING HOME 136, COU	INTY	13c. CITY OR TOWN		13d INSIDE CITY L	IMITS? 13e. ST	REET ADDRESS		21136	
H	A. FATHER'S NA		MIDDLE T	ipton LAST		15. MOTHER'S FIRST Lau	MAIDEN NAM			ood	
Noisi	I 60. WAS DECEA (YES, NO, OR UN		RMED FORCES? VE WAR OR DATES) WW II	166. SOCIAL SECURIT		17. INFORMAN		601 Chur Reisters	town, Mo	a.	
A BURIA TRANSI FERMIN I AND MENLETTINGENE, DI TION, OR REMOVAL.	Cond gave couse lying	IMMEDI itions, if ony, which rise to immediate (a) stating the under couse last.	ED BY: ATE CAUSE (a) DUE TO, OI the (b) DUE TO, OI (c)	e far (a), (b), and (c).) ASCVD R AS A CONSEQUENCE (OF	OR CONDITION GIV	EN IN PART 1 (o).			APPROXIMAT	T AND DEATH
OF HEALT	190. DATE	OF OPERATION D)iabetes	MO11 1 1 1 S	ATION W	AS PERFORMED	0?			20. AUTOPSY	
OR TO	THE PROPERTY.	RNAL CAUSE WAS		M. MONTH DAY YEAR	21c. HC	OW INJURY OC	CURRED LENTER	R NATURE OF INJURY IN I	TEM 18 PART 1 OR PA		NO D
	LAJ .	NOT WHILE AT WORK		OF INJURY (AT HOME, CTORY, FARM, ETC.)		CATION		CITY OR TOWN	cou	YTAU	STATE
AFTER DEATH WITH THE ST. BALTHOPE, MARYLAND, 212	EXAMINE (TYPE OR I 23e. BURIAL, CRE/ (SPECIFY)	C'S NAME PRINT) MATION, REMOVAL	tural causes	Accident Su Accident Su 330 NAME OF CE	T	Hamicide TITLE (SPEC D. Deput	TIFY)	Inquiry , etermined manner DICAL EXAMINER OCATION VOR 100N		1000	8.6
HMH - 17 A15 ME (5))	Buria 24. FUNERAL DI		4/1	Owings Mills		250-	DATE REC'D	V PEGISTPAP 125h	PEGISTPAP'S S	GNATURE - Pandere	· ·

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STATE OF MARYLAND

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REC	6. NO.		

1	FOR STATE REGISTRAR		DEPARTA		HEALTH AND MENTAL HYG	REG. N	10.	0 0		
DECEASED NAME FIRST MIDDLE John William Tjark					LAST	January		986	3 A _M	
Male Male		White		June 12, 1917		6 AGE (IN YEARS LAST BI	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.	
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY Md.		76 CITIZEN OF WHAT COUNTRY? USA		MARRIED NEVER MARRIED WIDOWED DIVORCED		Baltimore Co., MD.				
Baltimore		(IF NOT IN SU	812 Reges	ter A	OR OTHER INSTITUTION		IS USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE; Sales 126 KIND OF BUSINESS OR INDUSTRY Hardware			
M	JAL RESIDENCE (IF NURSING HOME O STATE 136 COU aryland Bal	NTY	Rodgers Forge		YES NO NO	13e STREET ADDRESS 812 Regis	zip code	ve., 2	1239	
14.1	William Joh	n Tjarks	15. MOTHER'S MAIDEN NAME FIRST Eliza	abeth in Minnis	Ho	Horst				
	WAS DECEASED EVER IN U.S. AF	RMED FORCES? VE WAR OR DATES)	212 07 Z		Janet C. Tja	C. Tjarks, 26 Thornhill Rd., 21093				
z	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT				NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE			EN IN PART 110	N IN PART 110	
CERTIFICATION	190. DATE OF OPERATION	. 19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO		WERE FINDINGS USED ING CAUSES OF DEATH?		
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TO FUNERAL DIRECTOR After should be detached for with the State Dept. of

IMPORTANT: If Hem 21 is morked or Hem 18 sho

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

(VRA 15, 4)

1/16/86

MITCHELL WIEDEFELD HOME

Westview Cem.

10 W. Padonia Rd. M

Catonsville Balto. Md
250. DATE REC.D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

1986

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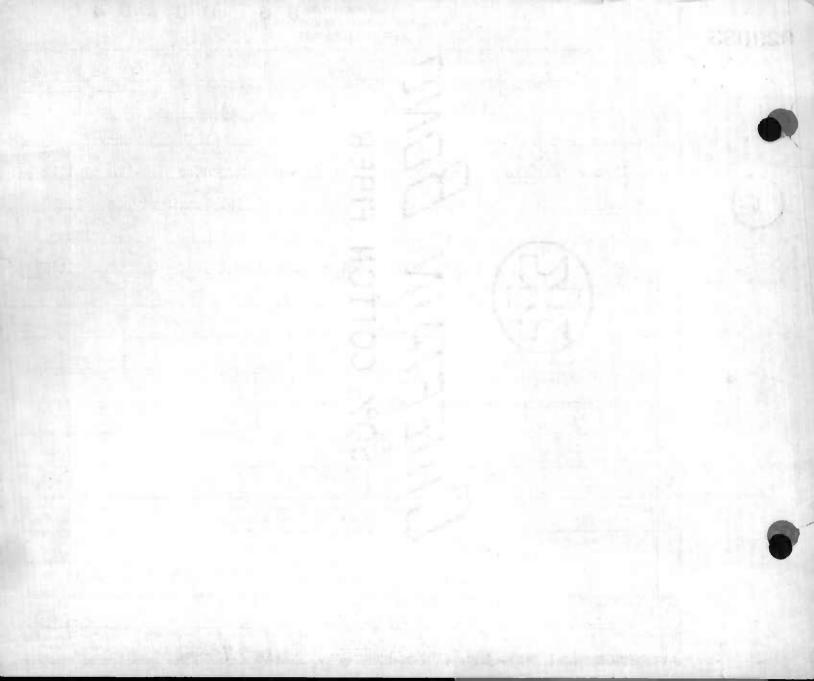
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4107 Wilkens Ave

(VRA 15. 4)



STATE OF MARYLAND. - STATE 014110 REGISTRAR DECEASED NAME 20 DATE KNOWN TYPE OR PRINTI EST E FUNERAL DIRECTOR.
E 5 FOR YOUR FILES.
ED, WITHIN 72 HOURS Thomas Irvin Turnbaugh, Sr. DEATH MATED 4 RACE DATE PRONOUNCED Male White 15, 1906 Mar A RIRTHPLACE ISTATE OF TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Maryland USA Baltimore County, Md. DIVORCED I CITY OR TOWN OF DEATH 120. USUAL OCCUPATION CTYPE OF WORK 1126 KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Phoenix 14703 Carroll Road, Phoenix Carpenter Building SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Md. 21131 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 14703 Carroll Road, Phoenix Md. Balto. Phoenix NO X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME ROSE Dempsey John Randolph Turnbaugh 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT Phoenix, Md. 21131 Rd (YES, NO. OR UNKNOWN) No Mrs. Virgie V. Minor, 14703 Carroll 217-09-1753 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PRESTON ST. PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [710 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY TATHOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 220 I certify that I took charge of the remains described above, held on Autopsy and in my opinion Undetermined monner Homicide EXAMINER'S NAME (TYPE OR PRINT) ADDRES 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 1/10/86 Dulaney Valley Mem. Timonium Balto, Md. Gar. BP 24 FUNERAL DIRECTOR **DHMH - 17** Lemmon-Mitchell-Wiedefeld, 10 W. Padonia Rd (VR A15 ME (5)) 20M 4/B2

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2 10 m	· ·	RTHPLACE (STATEOR COUNTRY) Maryland		US.		WIDOWE		BALLL	MORE C		Y	
)66		TOWS ON AL RESIDENCE (IF NURS		GBMC-	6701 N.Cl	TARLES	ROTHER INSTITUTION	12a USUAL OC (TYPE OF WORK FO House	R MOST OF WORK	KING LIFE)	INDUSTRY	r BUSINESS C
	13a. S	Maryland	13b COUNT Balti	TY	136. CITY OR TOW	/N	13d INSIDE CITY LIMITS? YES NO		RESS / ZIP Bagley	CODE Ct.	21	234
Jan	1	THER'S NAME August	LCP I		einzerlin	g	15. MOTHER'S MAIDEN N	Be	IIDDLE	1	Slem	ner
rs. Poges		VAS DECEASED EVER (ES, NO OR UNKNOWN) NO	(IF YES, GIVE	WAR OR DATES)	216-03-	2001	Richard H.	Uren, Jr	• 7846	Bag		
ovol ovol		18 CAUSE OF DEAT	H Enter only	one couse pe	MYOCART	d (c))					BETWEEN	MATE INTERVAL
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etoched for use as the buriol-transit permit. Then please rer te Dept. of Health and Meniol Hygiene prior to buriol, crem : If hem 21 is marked or Item 18 shows any injury, or other		Conditions, if ony, gove rise to immacouse (o), stotim underlying couse PART 2 OTHER SIGN 19a DATE OF OPERA 21a. ACCIDENT WAS UNION OR CONTRIBUTING INTERPRET (IF EITHER NOTHY MEDITY ALL WORLD ALL WORLD INTERPRET (IF EITHER NOTHY ALL WORLD INTERPRET INTERPRET (IF EITHER NOTHY ALL WORLD INTERPRET INTERPRET (IF EITHER NOTHY ALL WORLD INTERPRET INTERPRET INTERPRET (IF EITHER NOTHY ALL WORLD INTERPRET INT	MMEDIATE , which mediote may the least. NIFICANT CO TION DERLYING CAUSE OF DEATH ICAL EXAMINER) RED HILE (this hospito ed olive on add) (did not)	DUE TO, C (b) DUE TO, C (c) DNDITIONS C 19b. CONE 19b. CONE 21b. TIME C H HOUR A P 21e PLACE (AT HOME S) view the body	OR AS A CONSEQUIDOR AS A CONSEQUIDAD AS A CONSEQUIDOR AS A CONSEQUIDOR AS A CONSEQUIDAD AS A CONSEQUIDAD A C	ENCE OF ENCE OF DEATH BUT N OPERATION AY YEAR 19 ARM, ETC.)	NOT RELATED TO THE TER WAS PERFORMED 21c. HOW INJURY OCCU 21f. LOCATION SIREET 86 4 that in (my) (our) opinion EGREE ATTENDING PHYSICIAN	MINAL DISEASE C 200 AUTOPS YES N RRED (ENTER NATUR	R CONDITIO Y? 20b. IN C OF INJURY IN 118 TY OR TOWN 19 STAFF	IF YES, V CERTIFY IN YES (EEM 18 PART	WERE FIND IN NG CAUSES	GS USED OF DEATH? NO STATE hot (I) (we) Ii ouses stoted
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

1 - STATE

CERTIFICATE OF DEATH

STATE OF MARYLAND S 6
DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND

		REG. NO. FEED NAME FROM MIDDLE LAST TO DATE OF DEATH MONTH DAY YEAR TO HOLDR								
	1. DEC	CEASED NAME FIRST	WIDDLE	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR						
	TITPE	Lore:	tta Lee Valen	January 16, 1986						
	3 SEX	X	4 RACE	5. DATE C	D	6. AGE (IN YEARS LAST BIRTHD				
	I	Female	White	Nove	mber 30, 1930	55	YRS MONTHS DAYS	HOURS MIN.		
	7o BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	2 8	_	9 BALTIMORE CITY OR C				
)		st Virginia	U.S.A.	WIDOWE		Baltimore	County	MD.		
1		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	T ADDRESS]		120 USUAL OCCUPATION LITYPE OF WORK FOR MOST OF WIT Package Inst		OF BUSINESS OR		
1		Essex 21221	963 Homberg A		1221	rackage mai	sector rru	nting		
	13a S	STATE 136 COUN	imore Is CITY OR TO' Essex		13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / Z	Ave. 212	221		
1	14 FA	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	MIDDLE	ti.	AST .		
1		Everett J.	ames		The	elma Straig				
1		VAS DECEASED EVER IN U.S. AR	VE WAR OR DATES)		17 INFORMANT	ADDRESS	2123	•		
		NO -	233 48	5367	Vicki Howes	500 Patapsco	Ave. Balto	o., Md.		
		18 CAUSE OF DEATH (Enter on	nly one cause per line for (a), (b), o	nd Icili	01	6	APPRO BETWEEN	XIMATE INTERVAL		
		PART I. DEATH WAS CAUSE IMMEDIAT	TE CAUSE (a) CENCU	now	a +/ hen	na OSh	relle .			
			DUE TO, OR AS A CONSEQU		- 10 -	01		7 m.		
		Conditions, if any, which	((b)		metast	220		7 100		
		gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF								
,		underlying cause last. (c)								
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
	CERTIFICATION									
1	S	M DATE OF OPERATION	1% CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	10s. AUTOP5Y? 10s. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO				
	E									
7		THE ACCIDENT WAS UNDERLYING THE CAUSE OF DRA	The second of th	DAY YEAR	HOW INJURY OCCURR	ED. (4-view statums on souther 6	CHEM IN PART COPPARTS			
	₹ J	TA TILHER MODELS MEDICAL EXPRISES		19	/					
	MEDICAL	THE INJURY OCCURRED	21st PLACE OF INJURY (ATHOMS LIBERT, FACTORS OFFICE	Salas STEEL	TH LOCATION	c/cortown	I COUNTY	state.		
	2	Africal Street			- 60	n ilu 1	81			
	- 5.9		dall attended the deceased from	_ <	Sept 10/	7 10 116/	1000	, that I (we) and		
		sow the decosed size on above (I (we) (did) (kid no	New the body after death	- 0	ng that (my lour) opinion b	eath occurred on the fate	and hour and from th	e couses stated		
	10	176 SIGNATURE DEGREE TV								
		AMENDAG MEDICAL STAFF PHYSICIAN PRIFECTOR PHYSICIAN								
		22d. PHYSICIANS MAKE (TYPE O	DR PRINT)		22e ADPRESS	, ,				
		WYMAN	K. WONG	M.D	6801 0	ELAIR KI	0. 0	21206		
	23a B	BURIAL, CREMATION, REMOVAL		NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	60148			
		Burial	1/18/86 Ho	lly Hi	11 Cemctery	Baltimore	County Mar	yland		
		WERALDIREGIOR /	Why and ADDRESS		250 DATE	REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNA	ATURE		
1	Bm	uzdzinski Funer	al Home PA 1407	Old E	astern Ave.	JAN 1 7 1986	Junarunas	monday brokens		

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL

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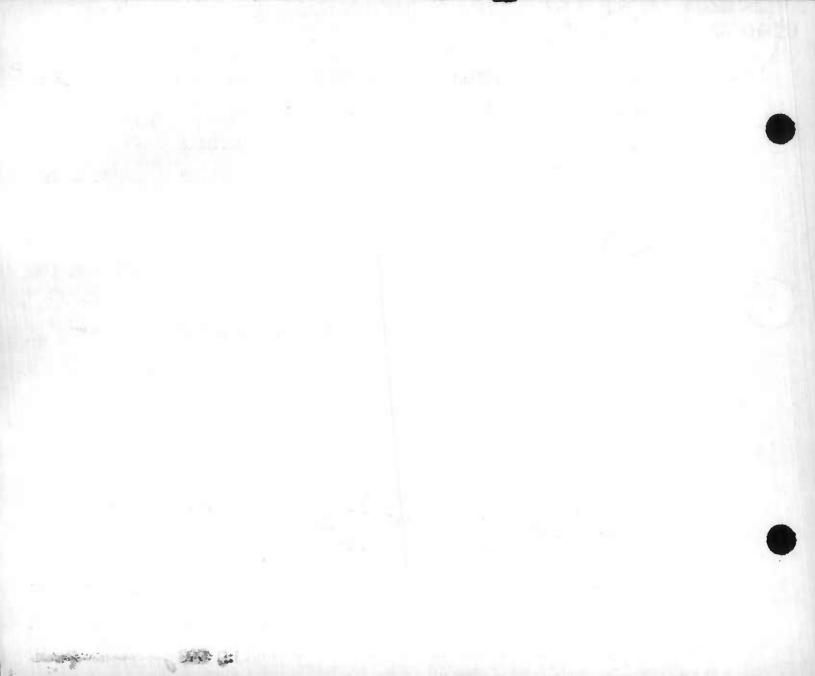
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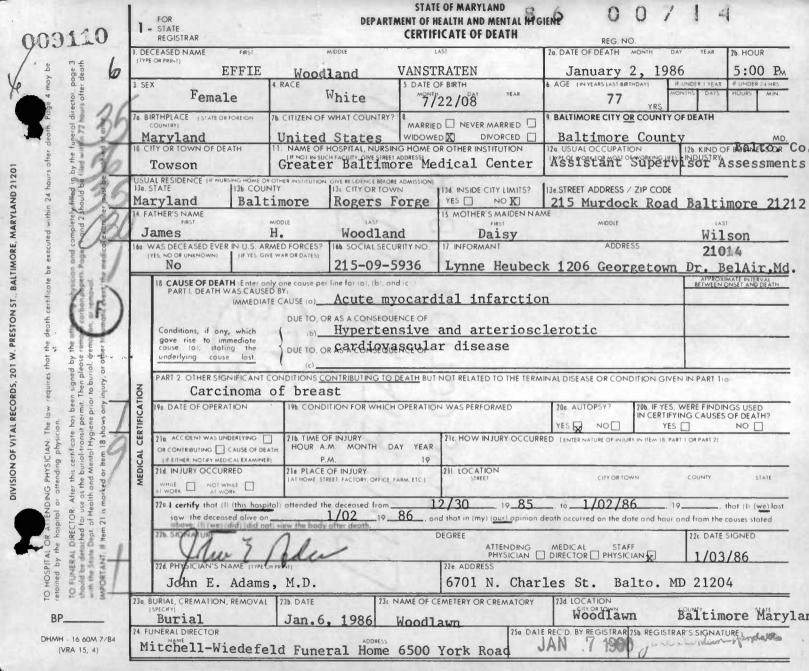
DHMH - 16 50M 4/83 (VRA 15, 4) 24 FUNERAL DIRECTOR

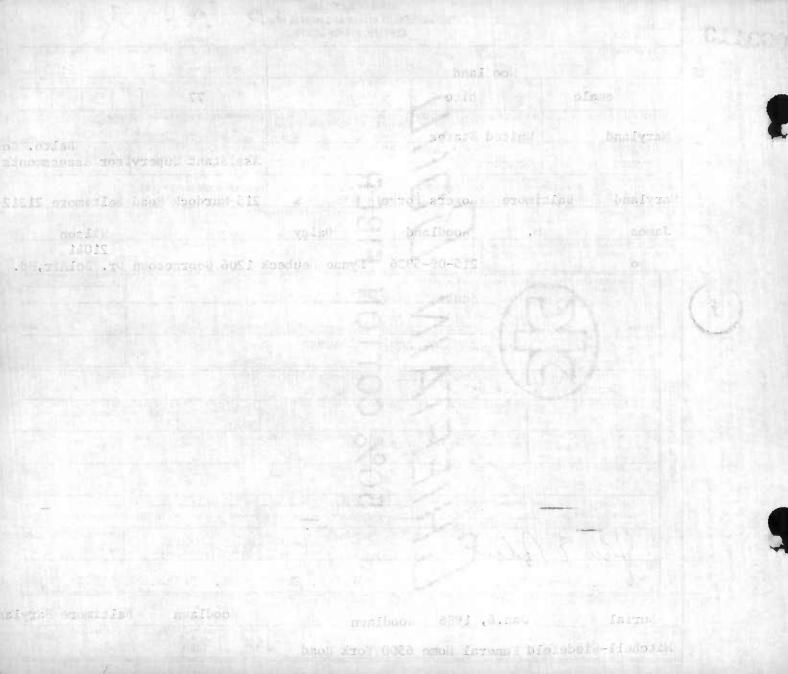
AMBROSE FUNERAL HOME 1328 SULPHUR SPRING ROAD

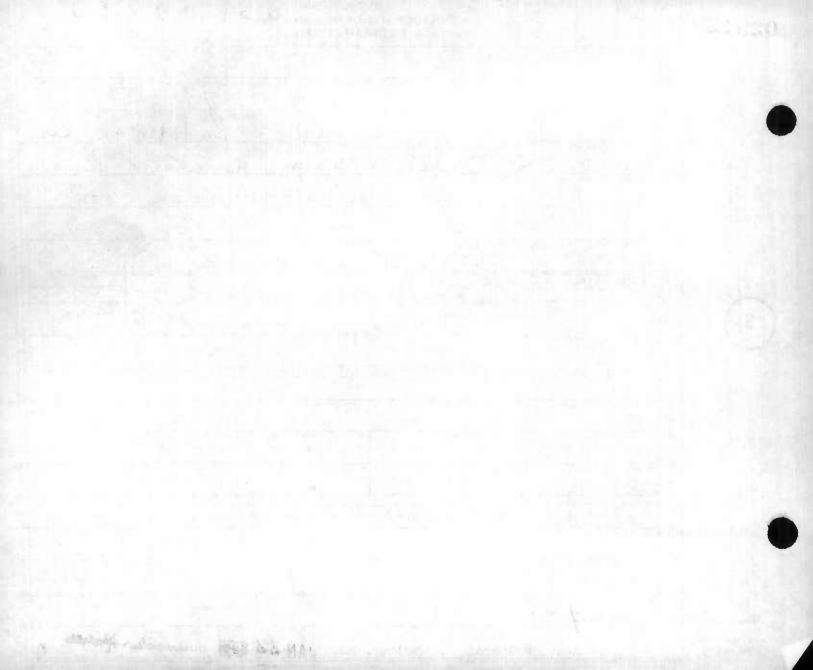
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1630 Edmondson Avenue, Catonsville, MD. 21228

DHMH - 16 60M 7/84 (VRA 15, 4)

DECEASED NAME BETHER BETHER BACE	023029	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL RYC CERTIFICATE OF DEATH	GIENE 0 0 7 1 7
SEX	* 64	(TYPE OR PRINT)	CLEVEL AND	41.4	JANUARY 19, 1986 2:55 M
TO STATE DESCRIPTION OF DEATH To REPRESS () STATE OF DEATH TO NOTICE OF DEATH TO NOTIC	ge 4 moy ector. po	3. SEX	4 RACE	MONTH DAY YEAR	MONTHS DAYS HOURS MIN.
BETTY OR TOWN OF BEATH WITH CONTROL OF MAN OF THE MISSING CENTER IN TOWN OF DEATH WITH CONTROL OF MAN OF THE MISSING CENTER IN THE MAN OF	nerol dir. 72 hou	COUNTRY)		MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
MD. BALTO. REISTERSTOMS NO. 1000 BERRYMAN LANE 1000 BERRYMAN LANE	by the fu	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	T ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
DUE TO, OR AND CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse (b). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110- TO THE DATE OF OR AND CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110- TO THE DATE OF OR FRATION IN CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFY IN CAUSES OF DEATH YES IN CONDITION GIVEN IN PART 100- TO THE DATE OF OR AND CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFY IN CAUSES OF DEATH YES IN CAUSES OF DEATH YES IN CAUSE OF D		13a. STATE 13b. COU	NTY I3 CITY OR TOV	VN 134. INSIDE CITY LIMITS?	130. STREET ADDRESS / ZIP CODE LANE
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OND TO THE CONTRIBUTING COURTED CEITHER NOTE MEDICAL EXAMINER P.M. 19	SIT.	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE	ENCE OF SCLOROFU	Heart Diearo
OR CONTRIBUTING CAUSE OF DEATH CONTRIBUTING COURTED SETTIFUL CONTRIBUTING CAUSE OF DEATH CONTRIBUTING P.M. 19 211. LOCATION STREET CITY OF TOWN	NI RECOR	19a DATE OF OR RATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
220-1 certify that (I) (this hashfol) attended the deceased from sow the deceased alive in 22 19 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (Bid) (dignat) view the bady after death. DEGREE ATTENDING MEDICAL STAFF 220. PHYSICIAN'S NAME (TYPE OF PRINT) PHYSICIAN DIRECTOR STATE 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY OF DALT I MORE ON THE PARK DATE OF COUNTY DATE OF THE PARK DATE OF THE PAR	VSICIAN TOTAL SING Physics of Contributions of Contributi		HOUR A.M. MONTH D	PAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
Sow the deceased alive in	DIVISIO Or attent After the se os the calliff ond marked o	AT WORK AT WORK	(AT HOME STREET, FACTORY, OFFICE,		119
BP	OSPITAL OF ATTEN ed by the Boaphal UNEAL DIRECTOR of be detached for un the Store Dept. of He STANT, if frem 21 is	saw the deceased alive obove, (I) (we) jeth) (did no	bi) view the body after death. 19_	DEGREE ATTENDING PHYSICIAN	death occurred on the date and hour and from the causes stated ### 22c. DATE SIGNED #### 1. 7. 0.
24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR'250. REGISTRAR'S SIGNATURE	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	230. BURIAL, CREMATION, REMOVAL			RANDALL (TOWN 1/1)2/13 1236 LOCATION CITY STATE
(VRA 15, 4) ELINE FUNERAL HOME REISTERSTOWN, MD. JAN 21 1086 Fulle Savidan Andre	DHMH - 16 50M 4/83	BURIAL		25a. DA1	

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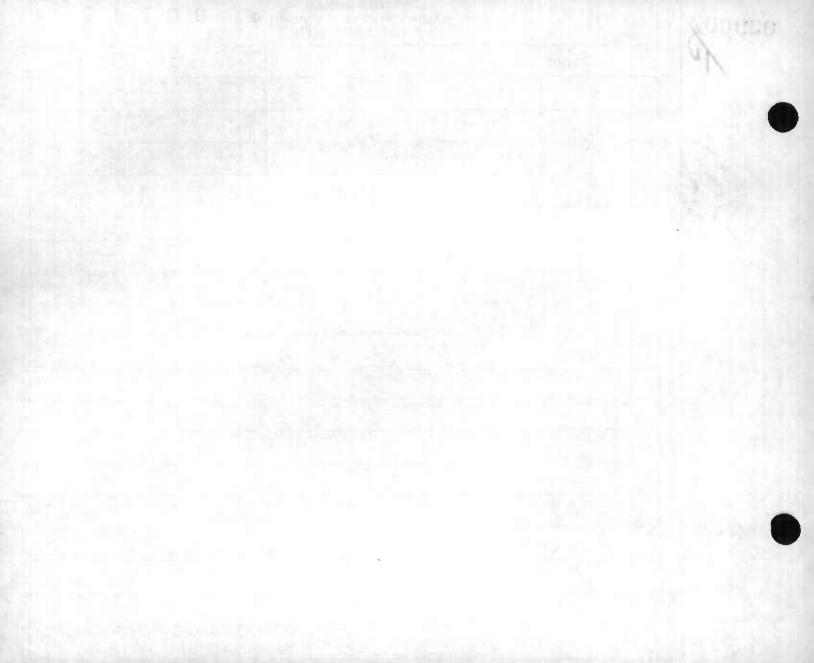
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STATE OF MARYLAND



MacNabb Funeral Home Catonsville, Md

DHMH - 16 50M 1/B1 (VRA 15, 4)

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201 W. PRESTON ST., BALTIMORE,

DIVISION OF VITAL RECORDS.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL OF GIERO CERTIFICATE OF DEATH

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REG. NO

	TYPE OR PRINT) Lenora		Walton	n	TO DATE OF DEATH	1/06/86	5	3:40
3.	Female	4 RACE White	5. DATE O		6 AGE IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	HOURS M
	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Baltimore City	76 CITIZEN OF WH.	AT COUNTRY? 8 MARRIE	NEVER MARRIED	Baltimore CITY O	R COUNTY O		
	Tows on	6701 N CI	PITAL, NURSING HOME C CILITY, GIVE STREET ADDRESS! NATIOS ST GEN		120 USUAL OCCUPATION OF SUPERVISO	F WORKING LIFE)	INDUSTRY	&P.Gro
13		VTY 13c	erry Hall	13d INSIDE CITY LIMITS? YES NO.	130 STREET ADDRESS / 9413 Dawn	ZIP CODE	2123	6
1	Franklin		tcher	Laura	WIDDLE		Jacob	
	0 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	F WAR OR DATES	12-18-5041	Mr. Howard		2 -1		ld. 212
	18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE	D DV	torio, (b , ondic Cardio pulmon	ary arrect			BETWEEN	MATE INTERVAL ONSET AND DEA
NOTA CIETA	PART 2 OTHER SIGNIFICANT (RIBUTING TO DEATH BUT		200 AUTOPSY?	20b IF YES, V	WERE FINDIN	
- Land	21g ACCIDENT WAS UNDERLYING	7 216. TIME OF IN	IIIIDV	121, HOW INTERVOCCUE	YES NO	YES		NO [
_	CO. CO. Marini Inn. C. C. M. C. C.	HOUR A.M.	MONTH DAY YEAR	21c HOW INJURY OCCUR	KED (ENTER NATURE OF INJUI	IY IN ITEM IB PART	I OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF I (AT HOME STREET,	FACTORY, OFFICE FARM ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	22a.1 certify that (1) (this haspi sow the deceased alive an above, (1) (we) (did) (did no	1/6	10 86 00	d that in (my) (our) opinion	, .0	te and hour o		that (we) couses stated
	226 SIGNATURE			DEGREE ATTENDING PHYSICIAN [MEDICAL STAP		22c DATE	SIGNED
	Dr. J T			GEMC				
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	236. DATE 1-9-198		emetery or crematory hael Luth. Ch	23d LOCATION Ceme Perry	Hall j	Balto.	Md.
24 E	F. F. Lassahn, 117	50 Belair	Rd.Kingsvill	e, Md. 2108 7	e rec'd. By registrar	256. REGISTRA	R'S SIGNAT	URE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After should be detached for use os with the State Dept of Health

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DEC. NOTE: 445 SEE SUMMER OF BUILDINGS OF ASSET

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND STATE OF MARYLAND & 6 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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O	U	1	64	-

		REGISTRAR			CERTIFICATE OF DEATH					
		CEASED NAME FIRST OR PRINT) . Enest	H.	DOFE	W	ast ach.	20 DATE OF DEATH	YAD HINOM	86	11.40AM
	3. SEX	male	Caucasi		DATE C		6 AGE TINYEARS LAST BIR	YRS	UNDER I YEAR	HOURS MIN.
5	Ma	ryland	U.S.A.	v	VIDOWE	7.50		re co	unty	MD.
5	Ra	ndallstown	Baltimo	re County	Ger	prother institution neral Hospital	Printer	ON F WORKING LIFE)	Newsp	aper
	130 S Ma		rd Cc.	Ellicott	MISSION)	134 INSIDE CITY LIMITS? YES NO	13 8778 ADRES	Vn & Co	untry	Blvd 210h3
1	Jo	hn A. Warch	AIDDLE	LAST		Elizabeth Me	imer		1A51	
7		VAS DECEASED EVER IN U.S. ARA (15 NO OR UNKNOWN) (16 YE) GIVE N/A	MED FORCES?	216-03-83		IT INFORMANT Elizabeth Se	iler, 2119			
		18 CAUSE OF DEATH (Enter only PART), DEATH WAS CAUSED IMMEDIATE				SPIRATOR	Y ARR	TZS	BETWEEN	MATE INTERVAL DNSET AND DEATH
		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	10)	AS A CONSEQUENCE		IVE BEA	RT FAIL	URE		
	NOI	PART 2 OTHER SIGNIFICANT CO	ONDITIONS COM		LV		BITUS C	DITION GIVEN		RKINJO
2	CERTIFICATION	190 DATE OF OPERATION			PERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFYIN	NG CAUSES	OF DEATH?
1	MEDICAL CE	7]0 ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEAT (IF EITHER NOTIFY MEDIC ALEXAMINER) 71d INJURY OCCURRED WHILE ONLY ALEXAMINE OF ALEXAMINER ALEXAMINE OF	P.M 21e PLACE O	MONTH DAY	211 LOCATION STREET	ED (ENTER NATURE OF INJU		OR PART 2)	STATE	
		720 I certify that (1) (this hospital) attended the deceased fram 19 to 19 to 19 sow the deceased alive an 19 to 19 to 19 obave. (1) the 1 joint of the deceased alive and the deceased alive and the deceased alive and the deceased alive and the deceased fram 19 to 19 to 19 obave. (1) the 1 joint of the deceased alive and the deceased fram 19 to 19 obave. (1) the 1 joint of the deceased fram 19 to 19 obave. (1) the 1 joint of the deceased fram 19 to 19 obave. (1) the 1 joint of the deceased fram 19 obave. (2) the 1 joint of the deceased fram 19 obave. (3) the 10 joint of the deceased fram 19 obave. (4) the 10 joint of the deceased fram 19 obave. (4) the 10 joint of the deceased fram 19 obave. (4) the 10 joint of the deceased fram 19 obave. (4) the 10 joint of the								that (we) lost couses stated SIGNED
		274 PHYSICIAN'S NAME CTYPE OR		re		ATTENDING PHYSICIAN	MEDICAL STA		112	9.86
		Pursto		MITRA		BCGH				
		URIAL, CREMATION, REMOVAL SPECIFY)	236. DATE 2/1/8			e Park Cemeter	23d LOCATION CITY OF TOWN WOOdlawn	Balti	more (21207 Co, Md

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Hem 21 is morked

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 24 FUNERAL DIRECTOR JAMES N. KOTSIS F.H., 6411 Windsor Will Road

23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CHYOFICHN WOOdlawn, 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

CREEKS NOT BALLETTE H The 2.3 The result of the state of the mark land Maryland Howard Co. Elleott x b776 w love locatry 12vd ELCH3 trx if.us is יביים ייסיעד גני דעדפוניים Sind at the state, rather agrees and add-eo-off THE RESIDENCE OF THE PROPERTY OF THE PROPERTY

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

	1-	STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL MY ICATE OF DEATH		0 /	40	
1			enry	Davis	1	Ward Jr.	REG. 1 2a. DATE OF DEATH	1 20	YEAR 86	26 HOUR 1215 M
ı	3 SE)	X	PACE	2000	S. DATE C		6. AGE (IN YEARS LAST B	RTHDAY) IF U	NDER 1 YEAR	IF UNDER 24 HRS
	N	Male	White		Oct.	20 1925	60	YRS	THS DAYS	HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D X NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
		ennessee		USA	WIDOWE		Balti	more C	ounty	MD.
	10 CI	TY OR TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPA (TYPE OF WORK FOR MOST		126 KIND OF	BUSINESS OR
1		owson	Great	er Balto.	Med	dical Ctr.	Corporat		- Ma	chinery
1		AL RESIDENCE HE NURSING HOME OF		13t. CITY OR TOW		134 INSIDECITY LIMITS?	13e.STREET ADDRESS			
			more	Cockeys	ville	YES NO	932 West	ern Ru	Roa	d, 21030
J)4 FA		MIDDLE	LAST		15. MOTHER'S MAIDEN N. FIRST	AME		LAST	
	-		avis	Ward,		Isabelle			My	yers
			E WAR OR DATES	16b SOCIAL SECU		17 INFORMANT	ADDI			
		Yes WW	/ II	114-16	-8571	Barbara M	. Ward, 93	2 West		
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	nly one couse per D BY: TE CAUSE (a)	line for (o), (b), one	itre	ceiler fe	bulled to	M	APPROXIM BETWEEN O	MATE INTERVAL INSET AND DEATH
		DUE TO, OR AS A CONSEQUENCE OF								
Conditions, if any, which (b) Wystawied Capar Cless) To							<u>_</u>			
		gave rise to immediate couse (a), stating the underlying couse last	DUE TO, OI	R AS A CONSEQUE	NCE OF	V				
	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR COI	NDITION GIVEN	IN PART 110	
	CERTIFICATION	190. DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES		
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	418	M. MONTH DA	Y YEAR	216 HOW INJURY OCCUI	RRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART	ORPART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (OF INJURY SET, FACTORY, OFFICE, F	ARM ETC)	21f LOCATION STREET	CITY OR 1	OWN	COUNTY	STATE
		220.1 certify that (I) (this haspi sow the deceased glive an above, (I) (well (and) (did no			Cer	nd that in (my) (arr) opiniar	to Jan	date and have an	d from the c	hot (I) (we) lost ouses stated
		22h SIGNATURE				DEGREE			224 DATE S	IGNED
		Millan	70	ur	M	ATTENDING PHYSICIAN	MEDICAL STA		1/2	786
		22d. PHYSICIAN'S NAME TYPE C	PRINT)			22e ADDRESS			,	1-1
		William F. I	Fritz, N	1. D.		2 W. Unive	ersity Pkwy	., Balt	o., M	Id.
		BURIAL, CREMATION, REMOVAL	23b DATE	23c N	IAME OF C	EMETERY OR CREMATORY			DUNTY	STATE
	CI	remation	1/21/	86 W	estvi	ew Cremato	ry Catons	ville Ba	alto.	Md
1	24 FL	JNERAL DIRECTOR				25a. DA	TE REC'D. BY REGISTRA	RI25b. REGISTRAR	SSIGNATU	JRE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the offending physicion should be detached for use as the buriol-transit permit. Then please remove carbon papers. P with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

NDING PHYSICIAN: The offending physicion

TO HOSPITAL

injury, or other troumotic event,

Martin D. Lawson, 10 W. Padonia Rd

JAN 21 1986

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STATE OF MARYLAND	6
DEPARTMENT OF HEALTH AND MENTAL HYC	IENE
CERTIFICATE OF DEATH	

00724

- STATE REGISTRAR REG. NO. DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR 3. SEX & AGE (IN YEARS LAST BIRTHDAY MONTH 00 O. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY MARULANY WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 21234 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE BAItC AUE bral sont FATHER'S NAME 15 MOTHER'S MAIDEN NAME EIRS1 MIDDLE MIDDI 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN LIE YES, GIVE WAR OR DATEST 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. Bres-IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NOT 21b. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AN 22a I certify that (1) (this hospital) attended the deceased from JAW 16 1906 sow the deceased and obave (1) (ve) (did) and that in (aur) opinion death accurred an the date and have and from the causes stated nat wew the bady after death 27h SIGNATO DEGREE 22¢ DATE SIGNED ATTENDING , MEDICAL PHYSICIAN T DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 236 DATE 23d LOCATION (SPECIFY) CITY OR TOWN COUNTY

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

show.

7/84 PUNERAL DIRECTOR FUNS

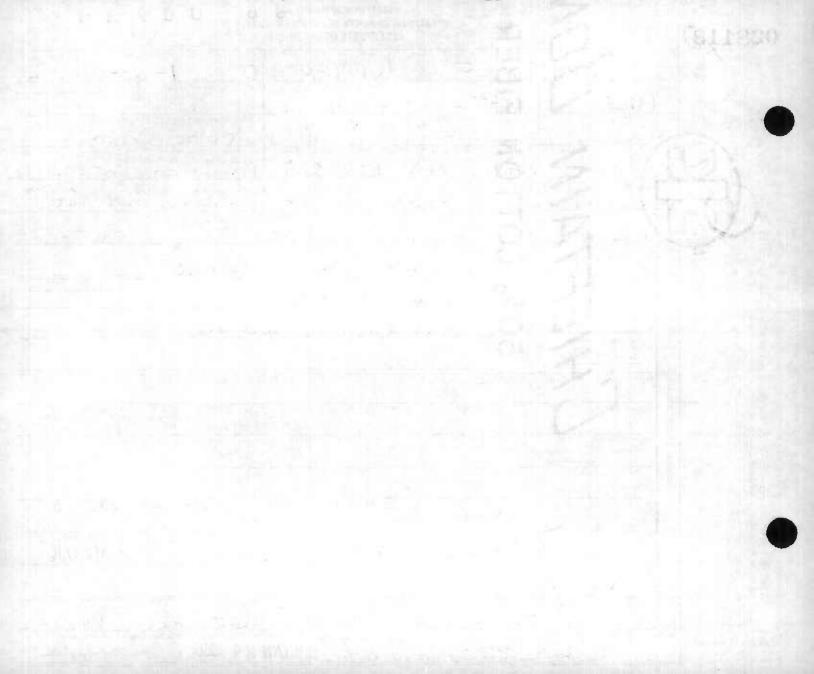
FOR

VANS CHAPEL 8800 HARford Rd

JAN 2

- arierdoon-Randelle

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



(VRA 15, 4)

STATE OF MARYLAND

DIVISION OF VIT

PALE HITE.

LE LESSO

REMATION 1/17/35 CARROLL GREMATION PAMPSTEAD CARROLL M. ELINE FUNERAL HOME, RELETERSTOWN, MD. "NZ 1886 - RELETERSTOWN, MD. "NZ 1886

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HIGIENE CERTIFICATE OF DEATH

7 2 1

REG. NO.

1. DECEASED NAME	FIRST	MIODLE	LAST	20 DATE OF DEATH MO	NTH DAY YEAR 26 HOUR
(TYPE OR PRINT) GE	RARD (CHARLES W	VELLEIN	0	1 31 '86 9:37A,
3. SEX	4. RACE		ATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD	
Male	Whit		10-15-1911 YEAR	74	MONTHS DAYS HOURS MIN.
To. BIRTHPLACE (STATE OR)	OREIGN TO CITIZEN OF	WHAT COUNTRY?	RRIED NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DEATH
Md.	U.S		OWED DIVORCED	BALTIMORE C	OUNTY, MI
10 CITY OR TOWN OF DEA	11. NAME OF	HOSPITAL, NURSING HO	ME OR OTHER INSTITUTION	120 USUAL OCCUPATION	
TOWSON		R BALTIMORE		Ret. Corp. S	
USUAL RESIDENCE (IF NURS	ING HOME OR OTHER INSTITUTION	N. GIVE RESIDENCE BEFORE ADMISS	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / Z	IP CODE
Md.	Balto.	Balto.	YES NO X	16 Dowling	Cir. 21234
14. FATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	AME	LAST
Louis	н.	Wellein	Mary	A.	Unchelbach
160 WAS DECEASED EVER	IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES)	166 SOCIAL SECURITY N	O. IT INFORMANT	ADDRESS	
Yes	WWII	216-03-658	4 Thomas G. W	Vellein, 137 F	
18 CAUSE OF DEAT PART I. DEATH W	H Enter anily ane couse pe	er line far (a), (b), and (c),			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PARTI. DEATH W	IMMEDIATE CAUSE (0)	CARDIORESPIR	RATORY ARREST/E	ECTROMECHANIA	CAL
N. ISS	DUE TO, O	OR AS A CONSEQUENCE	DF D	ISSOCIATION	
Canditions, if ony,		STROKE			
gove rise ta imr	g the DUE TO	OR AS A CONSEQUENCE	OF		
underlying couse	last (c)	HYPERTENSION			
	VIFICANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERA	MINAL DISEASE OR CONDIT	ON GIVEN IN PART 110
190 DATE OF OPERA 210. ACCIDENT WAS UNI					Rayer Lander
Manual Of OPERA	TION 196 CON	DITION FOR WHICH OPER	ATION WAS PERFORMED		ON IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
AT T	4			YES NO X	YES NO
OR CONTRIBUTION O	110.10	OF INJURY A.M. MONTH DAY Y	EAR 216. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN	HITEM 18 PART I OR PART 2)
S (IF EITHER NOTIFY MEGI	CALEXAMINER) F	P.M	19		
214 INJURY OCCUR	(AT HOME S	TREET FACTORY, OFFICE FARM ET	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
AT WORK NOT WE	RK L				
	(this haspital) attended t		1/30 19-86		, 19 <u>86</u> , that (I) (we) los
	did) (did not) view the bod			deoth occurred on the date	and hour and fram the causes stated
22b. SIGNATURE	Don 7 11	6 0	DEGREE ATTENDING	MEDICAL STAFF	224 DATE SIGNED
	-100 G. V	twork	PHYSICIAN	DIRECTOR PHYSICIAL	1/3/186
,22d. PHYSICIAN'S NA	V		22e ADDRESS		
	IOWARD, M.D.		GBMC - 670		STREET 21204
230 BURIAL, CREMATION,	REMOVAL 236 DATE	23c NAME	OF CEMETERY OR CREMATORY	23d LOCATION	

DIVISION OF VITAL RECORDS, 201

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL Burial 2-3-86

24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc., 5305 Harford Rd.

New Cathedral

Balto., Md.

STATE

250 DATE REC'D. BY REGISTEAR DIE HEGETRAR'S SIGNATURE

. cd Tell - Co

. atlas

1101-21-01

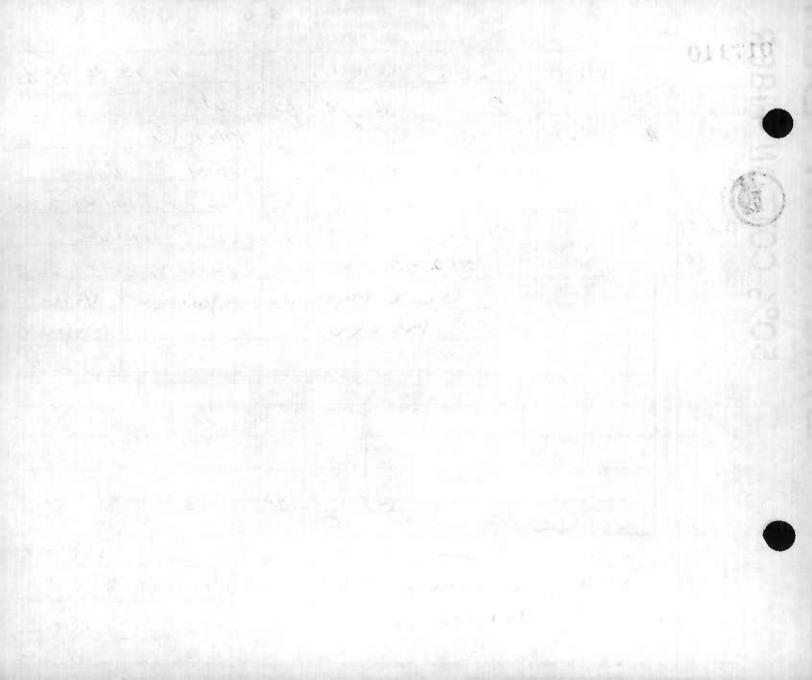
die Corp. Sec. Reel Oil

210-05-58% Bomo G. elicin, 157 Commerce Vo.

Lachanian work

Lounned J. Duc., Tic., 5305 Marford M.

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BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL AFGIEND
CERTIFICATE OF DEATH

1.	FOR STATE REGISTRAR			DEPART		ICATE OF	MENTAL ATG	IENP O	0	1 2	3	
	CEASED NAME	FIRST	-	WIDDLE		AST		20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR	
1177	L OK PRINT)	John		T.	X _S	ellars) WestJ1	•	1-2-	-86	8:12	a M
3 SE	X		4 RACE		5 DATE C	OF BIRTH		6 AGE (IN YEARS LAST B	RTHDAY)	IF UNDER I YEA	R IF UNDER 2	4 HR5
,	Male		White		10	25	74	7	11 YRS	MONTHS DAY	HOURS	MIN.
70. B	IRTHPLACE (STATE OF	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		MARRIED X	9 BALTIMORE CITY				
	altimore,	Md.	USA		WIDOWE		MARRIED DIVORCED	Baltimo	ore Co	ounty		MD
	ITY OR TOWN OF DE			HOSPITAL, NURSI	NG HOME C			120 USUAL OCCUPA	TION	12b KIND	OF BUSINES	71107
-	wings Mill		Rose	ewood Cen	ter			Youth	OF WORKING		uth	
130	AL RESIDENCE (IF NUE STATE Md.	13b COU		130. CITY OR TOW Baltim	VN	13d INSIDE YES X	CITY LIMITS?	13e. STREET ADDRESS	ASKIN	sotow.	1to. 19	d.
14 F/	ATHER'S NAME	· Ente	WIDDIE	LAST		15 MOTHE	R'S MAIDEN NA			1		
7	John		T.	West			Susan	MIDDLE		Se	llars	
	WAS DECEASED EVEL		MED FORCES?	166 SOCIAL SECT	JRITY NO.	17 INFORM	AANT	ADDI	RESS IM	Al I. Incl	1	161
1	NO	(IF TES, GI	AE MAK OK DATES!	218-80-	7023	Susi	4N/Sel1	ARS) Wes	+ BA	Ito MA	ING TOI	15.
CERTIFICATION	Conditions, if ony gove rise to im couse to state underlying caus PART 2 OTHER SIG	IMMEDIA /, which mediate ng the e last	DUE TO, O DUE TO, O DUE TO, O DUE TO, O (c) CONDITIONS CO	Chemical RAS A CONSEQU Profound RAS A CONSEQU Spastic DITIBUTING TO	ENCE OF Menta ENCE OF quadr:	al ret iplegi	ardation a	INAL DISEASE OR COI	20b. IF Y	ES, WERE FIND TIFYING CAUSE YES [9]	INGS USED	17
	210. ACCIDENT WAS UN		21b. TIME O	FINJURY M. MONTH D.	AY YEAR	21c HOW	NJURY OCCURR	ED (ENTER NATURE OF IN)	URY IN ITEM 18	PART : OR PART 2)		
CAL	(IF EITHER NOTIFY MED	ICAL EXAMINE		М,	19							
MEDICAL	21d. INJURY OCCUR	MILE []	21e PLACE	OF INJURY REET FACTORY, OFFICE, F	FARM ETC)	211 LOCAT		CITY OR T	OWN	COUNTY	STA	.TE
	220.1 certify that (I saw the deced obave, (II (we)) 22b SIGNATURE WWW 22d PHYSICIAN'S N	sed alive an) (1	29 10/		d that in (m) DEGREE 1. D 22e ADDRE	ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN D	22c. DAT	3.86	
	BURIAL, CREMATION	, REMOVAL	23b DATE	-81 /	NAME OF CI	EMETERY OR	CREMATORY	23d LOCATION	4.000	COUNTY	Q 1/ 51A	TE
24 FI	UNERAL DIRECTOR	776	1/ 0	08 0	11111	Chil	250. DAY	REC'D. BY REGISTRAL	RIZSA REGI	SIRAR'S SIGNA	WIRE	10
7	OSEDI AI	7	2011114	THODRES	63 5	COUNT	JAI	6 1986		Davidson-	Randelle	

17 S. Windowsky & Tr the Acres of the Att tour and to be recorded Easter I - a - a Diller & Contact To the man of Capital Topic A Toming To the set "I want to the set of the set

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

Arnold

REGISTRAR		CERTIFICATE OF LEATH	REG. NO.		For.	
T DECEASED NAME FIRS	T MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOL	JR
GEORG	E F.	January 9, 1986	N			
1,584	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER	
Male	White	February 3, 1919	66 YRS.	MONTHS DAYS	HOURS	MIN.
TA BIRTHPLACE (STATE OR FOREIG		MARRIED MEVER MARRIED				
New Jersey	U.S.A.	WIDOWED DIVORCED	Baltimore Count	СУ		ME
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION TADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI			
Towson	G.B.M.C.		President - Ph	narmaceu	itica	al C
13a. STATE 13b. (OME OR OTHER INSTITUTION GIVE RESIDENCE BEFOR COUNTY 136. CITY OR TOV 1 timore Timoniu	WN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 10 E. Aylesbur		2.	1093
Tien June Du	TULLE TEMOTITA	TES NO (A)	To he Ayresbur	.y Iu.	4.1	1093

166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS					
126-07-8932	Ann R. Whattam - S	ame as #13e					
18 CAUSE OF DEATH (Enter only one cause per line for Ia), (b), and Ic)							
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) VENTRICULAR FIBRILATION							
		-1	HOURS				
gave rise to immediate							
cause (a), stating the underlying cause last. (c) A S C V D							
	VENTRICULA R AS A CONSEQUENCE OF MYOCARCIDA R AS A CONSEQUENCE OF	126-07-8932 Ann R. Whattam - S Time for rai, this, and rail VENTRICULAR FIBRILATION R AS A CONSEQUENCE OF MYOCARCIDAL INFARCTION R AS A CONSEQUENCE OF	126-07-8932 Ann R. Whattam - Same as #13e Ine for id., ib., and ic. VENTRICULAR FIBRILATION R AS A CONSEQUENCE OF MYOCARCIDAL INFARCTION R AS A CONSEQUENCE OF				

Mae

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDE	OF DEATH?
			YES NO	YES	NO 🗌
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)	
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19	All Areas are were			
21d INJURY OCCURRED HILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
22a certify that (1) (this haspital) saw the deceased alive an abave (1) well (did) (did not) yi	19 gn	d that in (my) (aur) apinion	death accurred an the d		that (I) (we) le

DEGREE 22c. DATE SIGNED

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

Kenneth D. Byerly, M.D.

Charles St., Towson, Md. 21204 GBMC -

MIDDLE

236 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)

Burial 1-13 231 NAME OF CEMETERY OR CREMATORY 1-13-86 Dulaney Valley

24 FUNERAL DIRECTOR ADDRESS 1050 York Rd.

MIDDLE

Robert

LAST

Whattam

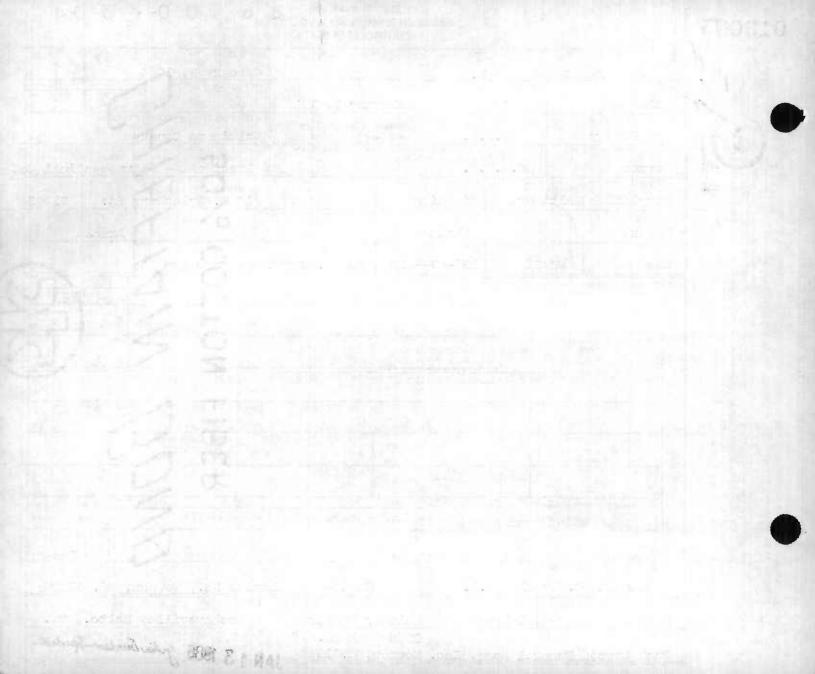
Ruck Towson Funeral Home, Inc. Towson, Md. 21204

Cockeysville, Balto., Md.

25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

1 386

DHMH - 16 60M 2/84 (VRA 15, 4)



low requires that he death certificate be executed within 24 hours after death. Foge 4 indy be			ing physician and completely filled in by the tuneral director, page 3	ban papers. Pages Jugnet 2 should be Jiled within 72 hours after death	
bearing office			5 in by the	belified .	
whed within 24			completely filled	Jugad 2 should	
e be exec			Son and	ert. Poges	
of certifical			and popular	dog nadil	
Spe de	-	E	SOUTH A	No.	
low requires the			as been signed by the affirma	sermit Then please the	The state of the s

STATE OF MAR DEPARTMENT OF HEALTH AN CERTIFICATE OF DEATH

YLAND	8 6	n	0	1
D MENTAL	HYGIENE			•

95	1 - STATE REGISTRAR	DEPAR	TMENT OF H	EALTH AND MENTAL HYG	IENE REG. I	NO.	/ 3	•
	. DECEASED NAME FIRST	WIDDLE	Į.	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
	Lawrence			eeler	January	10,	1986	12:20pm
3.	Male	RACE White	5 DATE C		6. AGE (IN YEARS LAST B	SIRTHDAÝ) YRS	MONTHS DATS	IF UNDER 24 HRS
2	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Penna.	76, CITIZEN OF WHAT COUNTRY USA	MARRIEI		Baltimore city			MD.
1	Rossville	11. NAME OF HOSPITAL, NURS I FROM IN SUCH FACILITY, GIVE STREE Franklin. Squ	are Ho		Machinist		LIFE) 12b. KIND C	F BUSINESS OR
	JSUAL RESIDENCE 18 NURSING HOME OF 130. STATE Maryland Balt	OTHER INSTITUTION GIVE RESIDENCE BEFO JTY 136. CITY OR TO		13d INSIDE CITY UMITS?	13e STREET ADDRESS 9199 Len			21237
2	4 FATHER'S NAME FIRST Wilson E	arry Wheele	er	is mother's maiden name of the state of the	WE		Shive	3
1 16	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GN		2-7800A	Caroline Wh		Lenr		ne 2123'
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQ (b) Lung Cand DUE TO, OR AS A CONSEQ (c) CONDITIONS CONTRIBUTING TO Drain 196 CONDITION FOR WHICE	UENCE OF CET UENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CO	20b. IF Y	YES, WERE FINDIN	NGS USED
	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c HOW INJURY OCCURR	YES NO NO		TIFYING CAUSES YES 8 PART OR PART 2)	NO _
	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	2H LOCATION	CITY OR		COUNTY	STATE
	270. I certify that at (this hospi sow the deceosed alive on above, as (we) (did) (did 27b. SIGNATURE	1. They 16	Januar 86 . or	Cy 7 19.86 Indicate that in the control of the con	to January death occurred on the	dote and h	19_86	that in (we) lost couses stated
/	Michael A. T		Ye Li	9000 Frankli	in Square D	Orive	21237	
2:	30 BURIAL, CREMATION, REMOVAL (SPECIF Burial			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN			Maryland
84	FUNERAL DIRECTOR NAME LOSSAHN FUNCTOL	a Anness		16 64. JAN	1 7 1986		STRAR'S SIGNAT	

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health

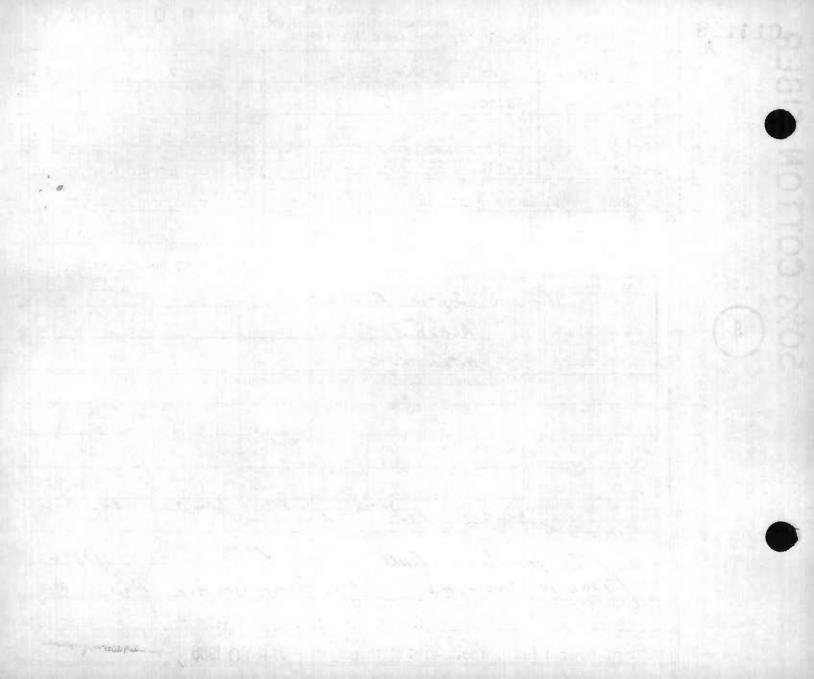
and which the first than the state of the st with the district all the section of the property of the section o the state of the s - DA L. - VAN HOLD - BY- L-1

	1-	FOR STATE REGISTRAR aka	a Vola	Yeaqle	DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	Biene 6	REG	0 0	7	3	2
		CEASED NAME	FIRST		AIDDLE		AS1	2a. DA	TE OF DEATH		DAY 7	YEAR 8L	26 HOUR
i	3 SE)			1 RACE White			OF BIRTH	6 AGE	89	BIRTHDAY)	MONTH	DER 1 YEAR	
6	10 CI	RTHPLACE (STATE OR FOUNTRY) aryland TY OR TOWN OF DEA	ATH	(IE NOT IN SUC	HOSPITAL, NUR HEACILITY, GIVE STR	MARRIEI WIDOWE SING HOME C	OR OTHER INSTITUTION	Ba 120 US	TIMORE CITY SUAL OCCUP. OF WORK FOR MO:	E Cou	nty GLIFE) 12		MD. DF BUSINESS OR
6	USUA 13a S M	atonsville ALRESIDENCE (IF NURS TATE aryland	136 COUN	OTHER INSTITUTION	an Nurs GIVE RESIDENCE BE 134 CITY OR TO Catons	FORE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 🔀	13e STF	sonnel REET ADDRES 07 Brai	S / ZIP CO	DDE		Bryant 21228
3/	D	THER'S NAME FIRST aniel /AS DECEASED EVER		B.	Yea	gle	Mary 17 INFORMANT	NAME	F.	ORESS		Du	vall
/		ES NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	215-05	-9327	Helene W. I	Bicki			andf		Rd. 21228
	NO	Conditions, if ony, gove rise to imm couse to , statin underlying couse	, which mediate ig the lost	DUE TO, OF	AS A CONSEC ASCV. RAS A CONSEC CONTRIBUTING TO	DUENCE OF DUENCE OF	not related to the te	rminal Di	ISE ASE OR CC	DIDITION	GIVEN IN	V PART 1	0
9	TIFICATION	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a YES	AUTOPSY?				NGS USED S OF DEATH?
7	MEDICAL CERTI	210. ACCIDENT WAS UNIT OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC 21d INJURY OCCUR 21d INJURY OCCUR 21d INJURY OCCUR	CAUSE OF DEA	21e PLACE (M. MONTH	DAY YEAR 19 CE, FARM ETC.)	21c. HOW INJURY OCCU	URRED (EN	CITY OF			OR PART 2)	STATE
		220 I certify that (I) saw the decease above, (I) (we) IS 22b. SIGNATURE	ed alive ag	Jan 7	19	800, or	DEGREE ATTENDING	on death a	ICAL S	TAFF	hour and	from the	
		22d PHYSTCIAN'S N'S	N 17.	SHAC		Suci	5806 EDM	ronde	SM AL	SICIAN [BAL	TO	MD
	1	URIAL, CREMATION, SPECIFY) Buria		236 DATE 1-10-			Park Cem.		altimo		COL	YTHE	Maryland

Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP



1 - STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

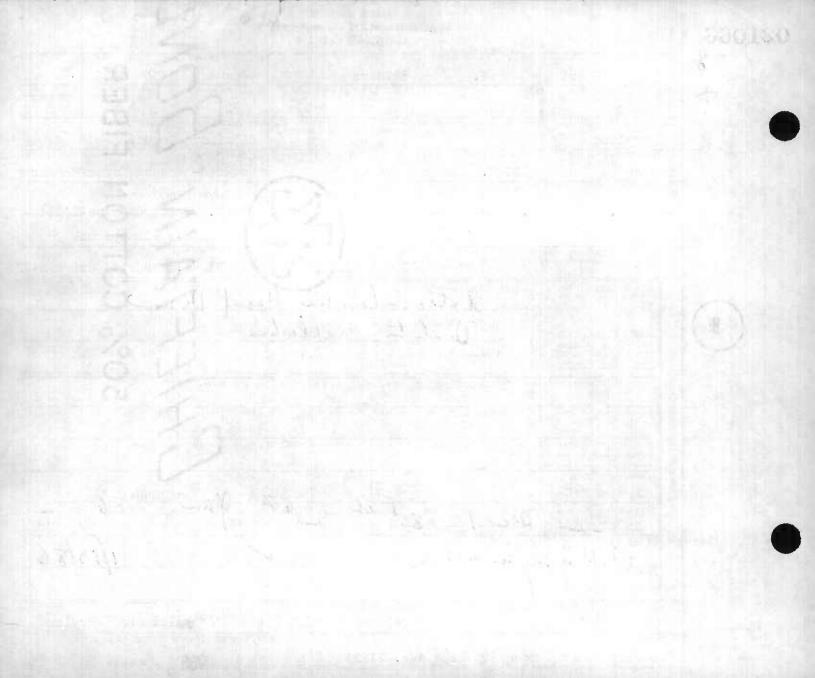
	REGISTRAR				TEATE OF BEATH	REG. NO	Э.			
	ECEASED NAME FIRST	N	NIDDLE	1	LAST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR	
	Albert	T		Willd	ers	January	14	1986	171.79	М
3. St	X	4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HE	-
	Male	White		Augu	st 12 1903	82	YRS	ONTHS DAYS	HOURS M	4.
7a. 8	COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	DENEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH		
	Maryland	USA		WIDOWE	ED DIVORCED	Baltimore	Count	у		MD.
	Essex	(IF NOT IN SUCE	OSPITAL, NURSIN H FACILITY, GIVE STREET A Woodward	ADDRESS)	OR OTHER INSTITUTION Ve	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Retired-A:	F WORKING LIFE	INDUSTRY	Repair	
USU 13a.	JAL RESIDENCE (IF NURSING HOME OF STATE 13b. COUR		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE			
	Md Ra1	to.	Essex		YES NO.	320 S. Woo		Drive	21221	
14. F	ATHER'S NAME	WIDDIE		9.0	15. MOTHER'S MAIDEN NAM	WE				
	James		Willders		Frances		Fin	neyfro	ck	
160	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRE		,	-	
	(YES NO OR UNKNOWN) (IF YES, GIV	TE WAR OR DATES;	214-03-3	3208	Isabel Will	ders 320 S	Wood	ward D	rive 2	122
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per	line for (a) Ab) one	Hich II	0 1/1	1 10		APPROX BETWEEN	IMATÉ INTERVAL ONSET AND DEAT	-
	IMMEDIA	TE CAUSE (o)	ance	201	Com T	in h	Sun	1-		_
		DUE TO, OR	AS A CONSEQUE	NOTOF	m. Out			1176		
	Conditions, if ony, which gove rise to immediate	(b)	Just	No	necch	100				_
	couse (o), stoting the underlying couse lost.	DUE TO, OR	AS A CONSEQUE	NCE OF				12.0		
		(c)								_
Z	PART 2 OTHER SIGNIFICANT	conditions <u>co</u>	INTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR CONE	DITION GIVE	EN IN PART 1	D	
CERTIFICATION	190 DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES.	, WERE FINDI	NGS LISED	_
FIC	0.00						IN CERTIFY	YING CAUSES	OF DEATH?	
ERT	21g. ACCIDENT WAS UNDERLYING	7 21b. TIME OF	: INJURY		21c. HOW INJURY OCCUR	YES NO		ART I OR DARI 2)	NO 🗌	
	OR CONTRIBUTING CAUSE OF DE	HOUR A.A	A. MONTH DA			TENER MATORE OF HADA	THE TOTAL	n () () () ()		
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINED	21e PLACE C		19	211 LOCATION					
ME			ET FACTORY, OFFICE, FA	ARM ETC)	STREET	CITY OR TO	WN	COUNTY	STATE	
	MHILE NOT WHILE AT WORK			-	1 / -	Z V		81		_
	270. I certify that (I) (this hospi sow the deceased alive on	11.	1	25	19_0 /	to y m	, 1		that (1) (est
	obove, (I) (we) (did no	ti view the body	olfer deoth.		nd that in (my) (and opinion o	death occurred on the da	ite and hour	ond from the	couses stated	
	23h SIGNATURE	00			DEGREE			22c. DATE	SIGNED	
	Elm V	In der	m-n) .		ATTENDING PHYSICIAN	MEDICAL STAF		11/1	5/86	
	724 PHYSICIAN'S NAME INTO	4 179 (1)			22e ADDRESS			1	1	
		1			ED F ON					
	BURIAL, CREMATION, REMOVAL		23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION		10		
	Burial	1/17	/86 M	orela	nd Memorial	Ва	altimo	re Ma	ryland	
24 F	UNERAL DIRECTOR				25g. DAT	E REC'D. BY REGISTRAR	25h REGISTR	AR'S SIGNAT	LIRE	_

Connelly Funeral Home 300 Mace Ave. 21221

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR: A should be detached for use with the State Dept. of Hea



STATE OF MARYLAND

DHMH - 16 60M 7/84

(VRA 15. 4)

24 FUNERAL DIRECTOR Schimunek FuneralandHome, Inc. 3331 Brehms Lane, Balto, Md.

1/14/86

23b. DATE

230 BURIAL, CREMATION, REMOVAL

Burial

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

Belair Mem. Gardens

CITY OR TOWN

Baltimore

YEAR

DAYS

INDUSTRY

26 HOUR

126 KIND OF BUSINESS OR

Lynn

Trapp Rd

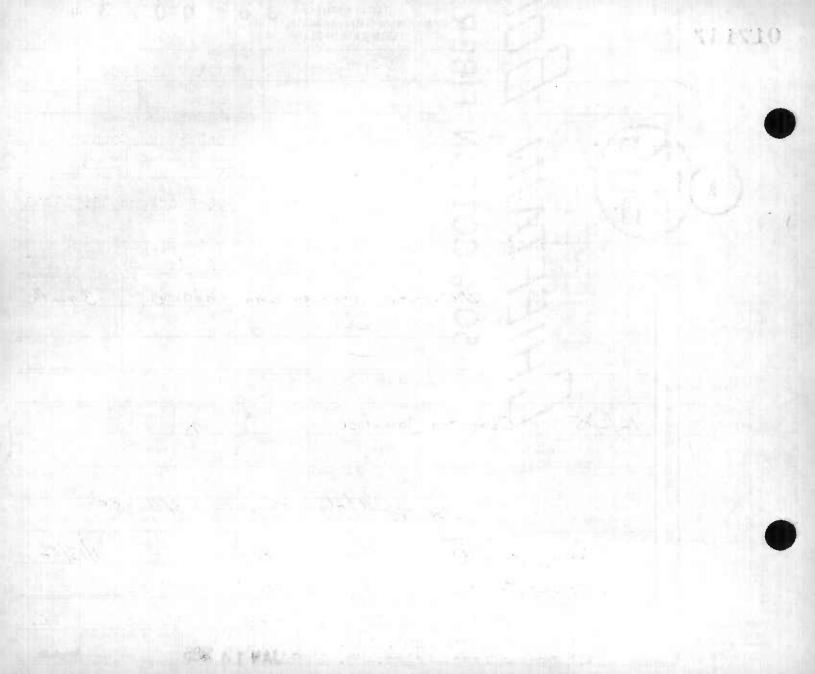
NO I

Md.

CHUNTY

COUNTY

Furniture Store



030074

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH DECEASED NAME TYPE OR PRINT Willey Ralph 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 5. DATE OF BIRTH YEAR 19 6 10 White Male 9 BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE I STATE OF FOREIGN MARRIED NEVER MARRIED New York USA Baltimore, County WIDOWED DIVORCED [120 USUAL OCCUPATION 12h KIND OF BUSINESS OR NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION DECITY OR TOWN OF DEATH IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY undalk 7122 Railway Ave. Labor Western Elec. SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 136 INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE S STATE 13c. CITY OR TOWN 7122 Railway Ave 21222 NO [Taryland Baltimore Dundalk 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE **Phomas** Etta Willey Mann ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO (YES, NO OR UNKNOWN) 216-03-0414 Nadine Lane Willey same as 13e APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: months DUE TO, OR AS A CONSEQUENCE OF mond Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I I a CERTIFICATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART I OR PART 2) 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

Md.

220.1 certify that (1) (this hospital) attended the deceased from

DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

_, and that in (ny) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

CHI-5H1ANG

22e ADDRESS

BALTIMORE

Howard

F 43 ₹	230 BURIAL, CREMATION, REMOVA
13	Burial

23h DATE 1-28-86 23c NAME OF CEMETERY OR CREMATORY Meadowridge Mem Pk

CITY OF TOWN Dorsey STATE

24. FUNERAL DIRECTOR

77% SIGNIATIONS

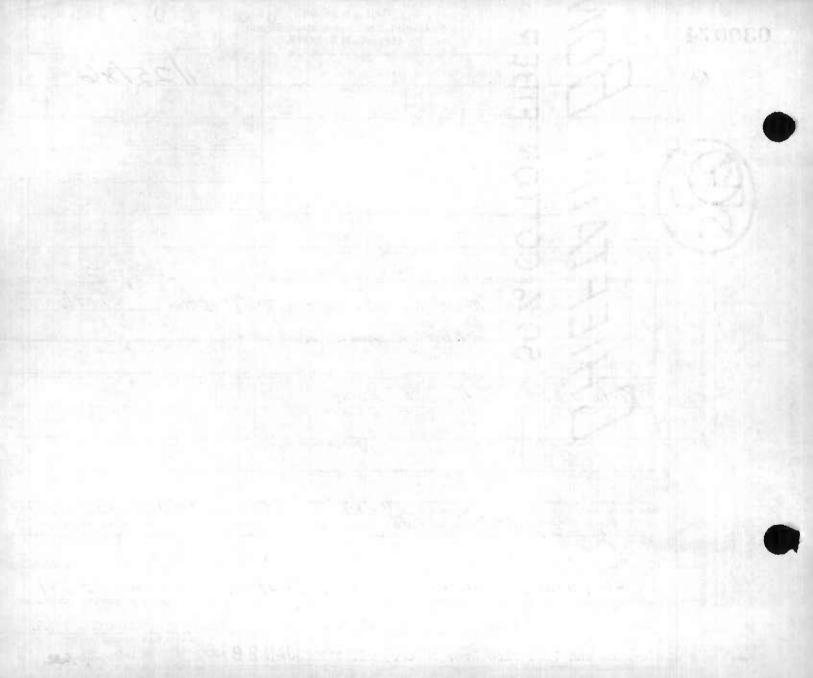
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

ORTANT

Duda-Ruck Inc 7922 Wise Ave. Balto., Md. 21222

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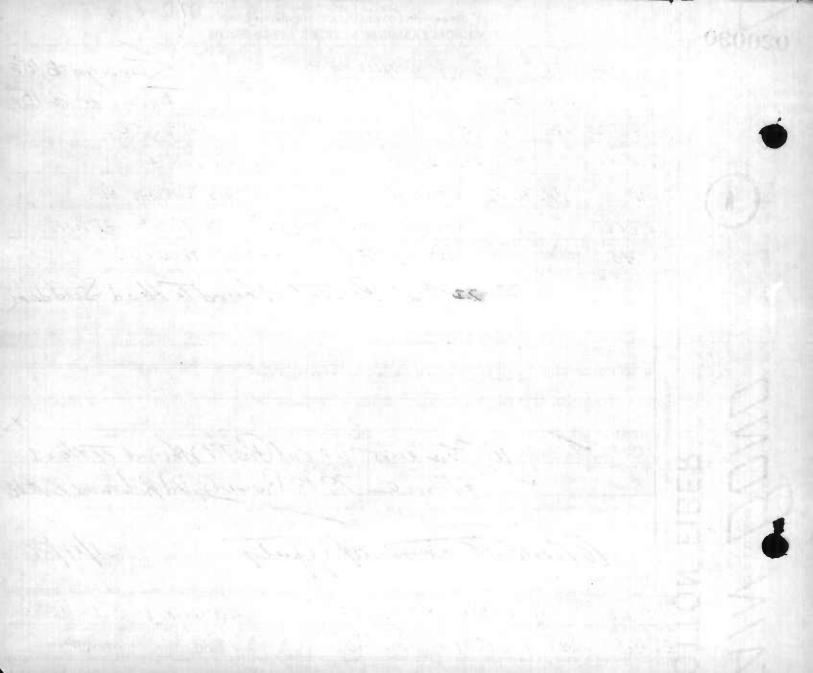


STATE OF MARYLAND

The National State of the State

W. T. Co.

		FOR STATE		DEPARTMENT OF HEALT		HEIENE 0 0 /	3 /
020090		REGISTRAR CEASED NAME FIRST	MEI	DICAL EXAMINER'S	CERTIFICATE (PEG. NO.	TH DAY YEAR 26 HOUR
2828	(TYP	MARGAICET	B.	WILL	IAMS	OF ESTI- DEATH MATED	12 140°86 10 FM
P. PLEASE DIRECTOR. R FILES. TT HOURS	3. SEX	F WHITE	S DATE OF BIRTH MAR. 14,	YEAR 6 AGE (IN YEARS IF U	NDER 1 YR. IF UNDER	PRONOULLED NUZY	VILLIPSE 10 PM
N N N N N N N N N N N N N N N N N N N	7a BI	REIGHT COUNTRY ON, W. VA.	U.S.	HAT COUNTRY? 8 MAR	RIED PNEVER MARK	- 1 12 A1 (V) ('/), MD
PACH ENER	10 CI	TWO TOWN OF DEATH	11. NAME OF HOS	SPITAL, NURSING HOME, OR OT CILITY, GIVE STREET ADDRESS)	HER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WOR	OR INDUSTRY
23.20	USUA 13a S	TATE 136 COU	OR OTHER INSTITUTION, GI	ISE CITY OR TOWN	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS KUKWAY	D21204
RE, MD.	14. F/	THER'S NAME ROBERT	Z ^{MIDDLE}	BROWN JZ,	15 MOTHER'S MAID	EN NAME THOMAS	BROWN
BALTIMORE, S. AFTER DEA GIVE PAGES LITH FORM WISSON OF		VAS DECEASED EVER IN U.S. A ES, NO, OR UNKNOWN) (IF YES, GIT	RMED FORCES? E WAR OR DATES)	160. SOCIAL SECURITY NO. 188-36-8859	17. INFORMANT	AMILY PECOIEDS	
DS, 201 W. PL ATONAT XECUTED WITHIN 24 HOUR GS' IN PENCIL IN TIEM TE JAL EXAMINER ALCING M BURIAL TRANSIT FROM AND MENTAL HYGERE E ATION, OR REMOVAL		Conditions, if ony, whice gove rise to immedia couse (a) stating the <u>underlying</u> couse last.	ED BY: ATE CAUSE (o) DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINAL DISEA	s Tol Y	Yound To Head	APPROXIMATE INTERVAL HETWEEN ONSET AND DEATH
RECOR	MEDICAL CERTIFICATION	190. DATE OF OPERATION 210 EXTERNAL CAUSE WAS		TION FOR WHICH OPERATION	WAS PERFORMED?	ED TENER NATURE OF INJURY IN ITEM 18 PART I O	20 AUTOPSY? YES NO.
DIVISION OF VITAL THIS CERTIFICATE SHOUL E, WRITING THE WORD WARDED TO THE CHIEF RAGE 3 SHOULD BE USE STATE DEPARTMENT OF H 2 21201 PRIOR TO BURBAR A	MEDICAL CI	UNDERLYING OR CONTRIBUTING CAUSE O	DEATH P.M	MONTH DAY YEAR	38 Cs/(OCATION 79/8 Q	VisTol Hound	Toklesd.
TO MEDICAL EXAMINER: 1 EXECUTE THE CETIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE SI BALTAMORE, MARYLAND,		22a I certify that I took cha death resulted from: No	rge of the remains des	oscribed obove, held on Auto Accident , Suicide	PSY . Inspection	Undetermined manner	TE Mules
MEDIC ECUTE TI GE 4 SH TIER DEAT		EXAMINER'S NAME (TYPE OR PRINT)		7	_ADDRESS		
Bb———	(:	URIAL, CREMATION, REMOVAL	1-15-198	4 MT. OUVE	7	PARKETSBURG. WOOL	SUNTYO. WINEA.
DHMH - 17 (VR A15 ME (5))	24. F	VANUS CHAPEZ	OF CH1999	MES 2325 YORK	25a. DATE	REC'D. BY REGISTRAR 25b REGISTRAR 1 1 6 1986	707 4 000



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

FOR

STATE OF MARYLAND DEDAPTMENT OF HEALTH AND MENTAL HYGIENE

0	U	1	3	5
				100

	- STATE REGISTRAR		DEI ARTH		CATE OF DEATH	REG. NO.							
/	1. DECEASED NAME FIRST (TYPE OR PRINT) NAC		R		ILL I AMS	JAN.	MONTH D	YEAR 8	16 11:35				
	female	black		5. DATE O		6 AGE (IN YEARS LAST)		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.				
1	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md	76 CITIZEN OF V	VHAT COUNTRY?	MARRIE WIDOWE	V_	9 BALTIMORE CITY BALT I MOR			MD.				
1	TOWSON		FACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS Math Teac	OF WORKING LIFE		Baltimor School				
5	USUAL RESIDENCE (IF NURSING HOME 130. STATE Md		Baltimo	N	13d. INSIDE CITY LIMITS?	130.STREET ADDRESS 5610 Wes	ZIP CODE	enue 21	.207				
1	Soloms	WIDDIE	Smith		Phoencie	WE		YC	ung				
2	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES, 1	ARMED FORCES? GIVE WAR OR DATES)	217-34-2		Sterling Wil		ress Wesle						
	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMEDI	only ane couse per SED BY: IATE CAUSE (a)			SPIRATORY A	ARREST		BETWEEN	MATE INTERVAL ONSET AND DEATH				
		DUE TO, OR	AS A CONSEQUE	NCE OF									

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

TISYSTEM FAILURE

COMPLICATIONS OF METASTATIC CERVICAL CANCER

TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG

FAILURE RENAL 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NOD NO [YES [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY CITY OF TOWN TAT HOME STREET FACTORY, OFFICE, FARM ETC.) NOT WHILE 86 220.1 certify that (1) (this haspital) attended the deceased fra 86 (our) apinian death accurred an the date and have and from the couses stated

CERTIFICATION

saw the deceased alive an

DEGREE

231. NAME OF CEMETERY OR CREMATORY

ATTENDING MEDICAL

DIRECTOR

STAFF

221 DATE SIGNED 1/6/86

STATE

STATE

Md

EUGEN **EVANS**

230. BURIAL, CREMATION, REMOVAL 23b. DATE

22e ADDRESS

N. CHARLES ST. TOWSON, MD. 21204 6701

Burial	1/11/86	Meado
24. FUNERAL DIRECTOR		

owridge Cemetery aurel 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

(VRA 15, 4)

should be detached

MPORTANT

DHMH - 16 50M 4/83

BP

William C. March F/H West 4300 Wabash

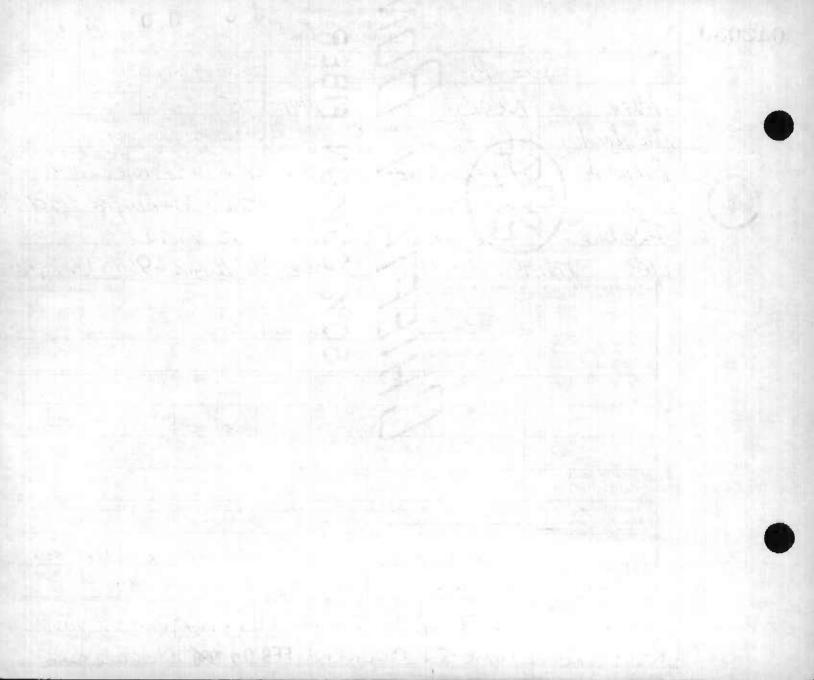
23d LOCATION CITY OR TOWN

COUNTY

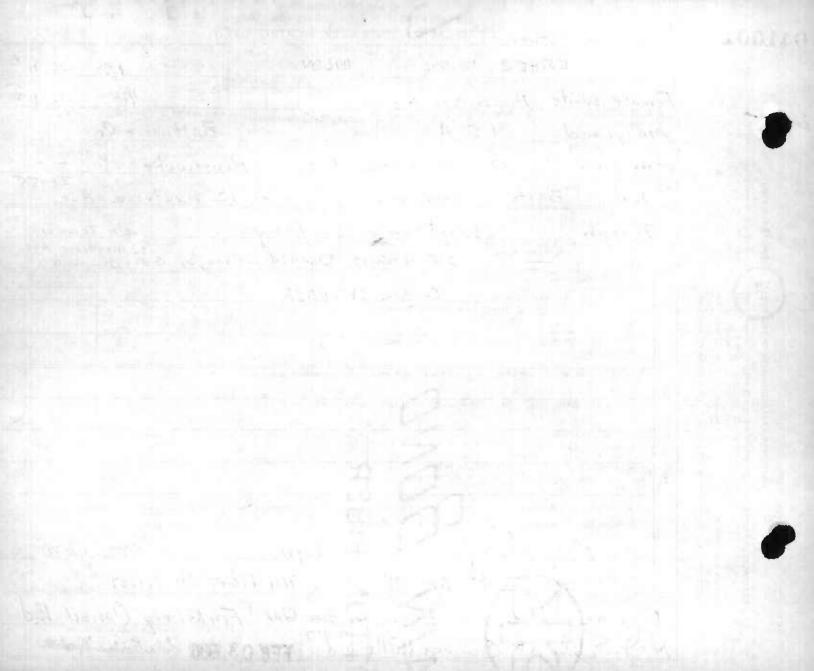
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FINE SECURITION SERVICES

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		FOR			DEPARTA	STATI	OF MARY	MENDALH	GIENE	0 0	7 4	0	
1.001	1-	STATE REGISTRAR	Sothe	ME						I/L			
資金の設置		CEASED NAME E OR PRINT)	EJA	ER V	MIDDLE		WILS	N		OF ESTI-		19 1986	2b HOUR
DIRECTO DIRECTO OUR FILE ON STREE	3. SEX	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REC. NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH REC. NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH REC. NO. MODIL OF REST. REC. NO. RESTREY REC. NO. REC. NO. RESTREY REC. NO. REC.											
NAME OF STREET	B	7Ary LANC	1	4.5	. A.		WIDOWED [DIVORCE	ED []	BAlti	more (Co.	
	G	Arrison		12	Mon	T-05C	_ Av		FOR MOST	OF WORKING LIFE		OR INDUS	TRY
986	13a S	TATE			13c CITY	LEXAMINER'S CERTIFICATE OF DEATH REG. NO. AST							
23	V		139	h				MAry	TEOF DEATH REG. NO. 20 DATE KNOWN 10 MONTH DAY YEAR 726 HOUR OF ESTI! DEATH MATED 1986 11 M M MONTH DAY YEAR 726 HOUR DEATH MATED 1986 11 M M MARRIED 1986 11 M M M MARRIED 1986 11 M M M M M M M M M M M M M M M M M				
NOSION /		S, NO, OR UNKNOWN)							Witson		17 M	son, had	Ave.
NE DI		PART I DEATH WA	S CAUSED BY	f :			DISOR	DER				APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
S ALC NSIT PE EMOVA		Conditions, if ar	ny, which	DUE TO, OI									
tial-traiti		cause (a) stating t			R AS A CONS	SEQUENCE OF							
ED AS A BURIAL HEALTH AND MI L, CREMATION,	NO	PART 2 OTNER SIGNIFICANT	CONDITIONS CONT	RIBUTING TO DEATH	BUT NOT RELAT	ED TO THE TERMIN	AL DISEASE OR CON	IDITION GIVEN IN PAR	RT 1 (a).				
HE	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR V	VHICH OPERA	ION WAS PER	RFORMED?					NO X
RIOP TO BS	10000	UNDERLYING O	R	HOUR A./	HTMOM .N		21c. HOW IN	JURY OCCURRE	D (ENTER NATU	ire of injury in it	IEM 18 PART 1 OR I	PART 2)	
1201	MEDICAL	WHILE NOT V	VHILE					N	CI	TY OR TOWN	- III c	YTAUO	STATE
LAND, 21										,	and in my o	opinion	
MARY		ACTUAL SA	who es	don	n		TIT	LE (SPECIFY)					(
AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2		EXAMINER'S NAME	STANLEY	Z. 60	erkers	m		7171	Libert	to 00		7 7	
BA	23a B	URIAL, CREMATION, RE	MOVAL 236 E		1 /	-	1.	C	23d, LOCA	TION OWN LAND	~ (?	Quary [lud.
17	24	UNIERAL DIRECTOR	0 0 1	1 ppres	s	, 11	21/1	7 250. DATE R	REC'D. BY RE	. 0	R/GISTRAR'S	SIGNATURE	2
15 ME (5)) M 4/82	4	J'cil	March	100	1142	AACC 1/7	, MC	FEB	MO B	(1) 4H)	AU ANSWER		-



022037

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIEN
STATE	CERTIFICATE OF DEATH

0074

REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	Ο.		
DECEASED NAME FIRST	WIDDLE		AST		MONTH DA	AY YEAR	2b HOUR
	HEL M.	WILS	SON		01/1	9/86	10:10
J. SEX	4 RACE	5. DATE (OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY)	F UNDER 1 YEAR	IF UNDER 24 HRS
Female	White	worth	19 11	74	YRS.	ONTHS DAYS	HOURS MIN.
To BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT C	OUNTRY? 8	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY O	OF DEATH	
Pennsylvania	USA	WIDOWI		Baltimore	County		MD.
Catonsville	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY Meridian	NURSING HOME (GIVE STREET ADDRESS) NURSING (or other institution Center	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Homemaker			F BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIL	DENCE BEFORE ADMISSION)				200	
Maryland (3b Cour		ltimore	AES K NO 1	2653 Frede:		venue,	21223
14 FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN N.	AME		241	T
Roy E		illiams	Minnie	Emma		Rull	man
160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b SO	CIAL SECURITY NO.	17 INFORMANT	ADDRE	SS Syk	esvill	e 21784
NO (IF TES, GI	210	0-07-3987	Carter W. W.	ilson, 4633			
18 CAUSE OF DEATH Enter of	nly one cause per line for	(o), (b), and (c)					MATE INTERVAL
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	TE CAUSE (0) ac	.t. MI					
Canditians, if any, which gove rise to immediate cause Ia1, stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A C	CONSEQUENCE OF	Hyper lenseit		DITION GIVE	N IN PART 110	3
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIN	OF DEATH?
OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MC P.M.	ONTH DAY YEAR		RRED (ENTER NATURE OF INJUI			
21d INJURY OCCURRED NOT WHILE ALL WORK	(AT HOME STREET, FACTO	IRY DRY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
22a.1 certify that (1) (this hasp saw the deceased alive ar abave, (1) (world) (did		//	nd that in (my) (our) apiniar		ote and havi		that (1) (we) lost causes stated
22d PHYS JAN'S NAME (APPE	Maile	re	ATTENDING PHYSICIAN	MEDICAL STAI	FE CIAN [Th. DATE	19/87
Dr. John		25 M		ondson Ave	. 212	28	1
23a BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	1/22/86		emetery or crematory nd Cemetery	23d LOCATION RICHIAND	Cambr	i le nns	ylvahija
24 FUNERAL DIRECTOR Hubbard Funeral	Home, INc.	,^004107 Wil		N 2 0 1986	256. REGISTR	AR'S SIGNAT	URE

DHMH - 16 60M 7/B4 (VRA 15, 4)

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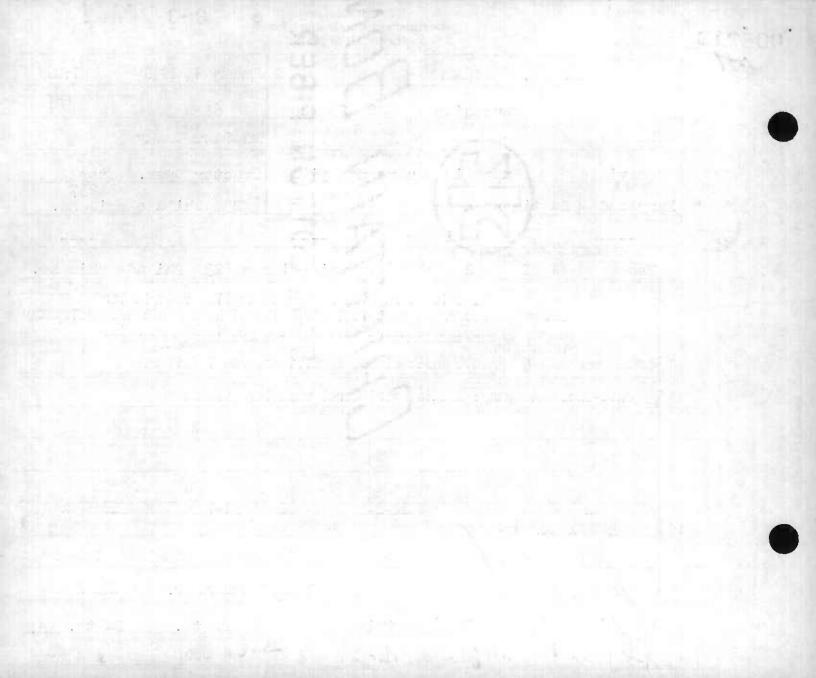
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STATE OF MARYLAND 8 6 DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND

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008012	1.	FOR STATE REGISTRAR	DEPARTI	STATE OF MAR MENT OF HEALTH AP CERTIFICATE O	ND MENTAL HY	GIENE O	0 1 4 2	2		
LAST		CEASED NAME FIRST	WIDDIE	LAST	- 111	Tall British Co. British	MONTH DAY YEAR	26 HOUR		
y be		George			3.00	January 1,		1:00p _м		
ar. po	3. SE	X	4. RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEA	S HOURS MIN.		
oge oge ours o		Male	Caucasian	02 2	3 20	65	YRS.			
Greath. P. Conerol d	Ma	RTHPLACE (STATE OR FOREIGN COUNTRY) Aryland	76. CITIZEN OF WHAT COUNTRY?	MARRIED A NEV	MARRIED A NEVER MARRIED WIDOWED DIVORCED		R COUNTY OF DEATH	MD.		
by the full by the		Rossville	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Franklin Sq.	ADDRESS)		12a USUAL OCCUPATION OF OF WORK FOR MOST OF Tractor	F WORKING LIFE) INDUSTR			
24 hour	13a	at residence (if nursing home of state 136 coursely 136 c	or other institution give residence before INTY 13c. CITY OR TOW Ltimore Roseda		DE CITY LIMITS?	13. STREET ADDRESS 2 8231 Ph:	z _{IP CODE} 212 iladelphia			
mpart md2 st	14. F/	ATHER'S NAME FIRST	MILISO:		FIRST	AME	l.	AST		
e execut		WAS DECEASED EVER IN U.S. A	1.5 CD C			ADDRE		MALE TO		
re be exection and refers. Pages of the medical	CERTIFICATION	Yes noorunknown) (IFYES C	TT 215124	846 Mai	rie Wil	son 8231 1		nia Rd.		
juires that the deo signed by the atter hen please remove. a burial, cremation jury, ar ather froum			7	gove rise to immediate focuse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	opy & recurrent opy & recurrent Congestive arction Adult onse conditions Contributing to alopathy: anemia	t diabetes	mellitu	s, renal fa	ilure	
hor ben permit T		19a DATE OF OPERATION	196 CONDITION FOR WHICH			200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES			
HCIAN. TI Or physical mol trems.		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINI	EATH HOUR A.M. MONTH DE	AY YEAR	V INJURY OCCUR	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART 2)			
AG PHT after this of the but the and M bread or	MEDICAL	AT WORK AT WORK	21 PLACE OF INJURY HOME, STREET, FACTORY, OFFICE F	ARM, ETC.) 21f LOC.	ATION	CITY OR TO	WN COUNTY	STATE		
ATTENDA sprial or CTOR A Iffor use of feedings		22a. I certify that XI) (this book sow the deceased give a above XI) (we) (dix (dX)	ottended the deceased from_	12-24 86 , and that in (79 85 79) (our) opinion	, to death occurred on the de	te and hour and from th	. that XII (we) lost ne couses stated		
TAL OR MAL DIRE detached for Dept.		276 SIGNATURE	ly by.	DEGREE		MEDICAL STAI		-1-86		
O HOSPIT TO FUNES Thould be a Lift the Sk		alongo R	liz us.		0 Frankl	in Square D	r. 2123	37		
P E		MIRIAL CREMATION REMOVA	// / /- /	AME OF CEMETERY	OR CREMATORY	23d. LOCATION	COUNTY	STATE		
BP		remation	01/02/84 W	<u>estview</u>	25n DA	Balto TE REC'D. BY REGISTRAN				
DHMH - 16 60M 7/84		Vind / Cal	ADDRESS ADDRESS	10		AN 04 1986	- COUNTRAIN O SIGINA	and the second second		

DHMH - 16 60M 7/8 (VRA 15, 4)

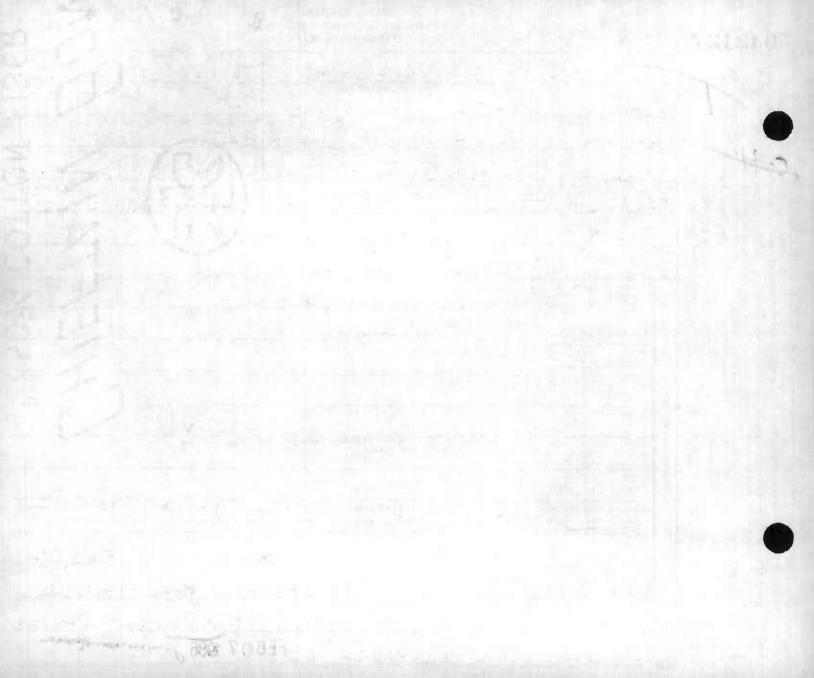


FOR

STATE OF MARYLAND



DHMH - 16 60M 7/84 (VRA 15, 4)



030085	1 - FOR STATE REGISTRAR	- 1	DEPARTM	STATE OF MARYI SENT OF HEALTH AND CERTIFICATE OF	MENTALHYG		0 /	4 5	
The state of	I. DECEASED NAME	FIRST	AIDOLE	LAST		20. DATE OF DEATH	HINOM	DAY YEAR	26 HOUR
2 TE AM	PAU	L		WOLINSKI		01	27	86	9:58A M
6 878VI	1 SEX	4. RACE		5. DATE OF BIRTH		6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
oge 4	Male	Caucas	sian	10 24	26		59 YRS	MONTHS DAYS	HOURS MIN.
2 92 4	BIRTHPLACE STATE OR FOI	REIGN 76 CITIZEN OF	WHAT COUNTRY?	MARRIED X NEVER	MARRIED [9 BALTIMORE CITY	OR COUN	TY OF DEATH	
1 1 35	Maryland	U.S.	A.		NORCED [BALTIMO	DRE CO	UNTY	MD.
150	TOWSON	(IF NOT IN SUC	H FACILITY, GIVE STREET A	G HOME OR OTHER IN: DORESS) RE MEDICAL		170 USUAL OCCUP (TYPE OF WORK FOR MO) Major		INDUSTRY	Balto. Co.,
A CANA AND A STATE OF THE PARTY		Baltimore	13c. CITY OR TOWN Randalls	1 13d INSIDE	CITY LIMITS?	13e.STREET ADDRES		DE	
TO ASS.	III. FATHER'S NAME	MIDDLE	LAST	15 MOTHER	'S MAIDEN NA	ME			
p ldw Diso	Frank	MiDDLE	Wolinski	Mc	argaret	H		Kroscheu	oski.
Solo Colo	160 WAS DECEASED EVER IN		166 SOCIAL SECUI				DRESS340	1 Chapma	n Road
Pogo.	(YES, NO OR UNKNOWN) Yes	WW 2	220-20-0	488 Mrs. F	Ruth E.	Wolinski			MD. 2113
physicia onpopers emovol.	PART DEATH WA	(Enter only one cause per S CAUSED BY. MMEDIATE CAUSE (a) Ca			est sec	ondary to		APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
ding orb		DUE TO OF	R AS A CONSEQUE	NCF OF	р	neumocysti	c pne	umonia	
deof ove c	Conditions, if ony,			deficiency	_				
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2	USUAL RESIDENCE IF NURS 130 STATE Maryland	136 COUNTY Baltimore	Randallstown	134 INSIDE CITY LIMITS?	3401 Chap		33
0	Frank	MIDDLE	Wolinski	15 MOTHER'S MAIDEN NA FIRST Margaret		Kroschew	
	160. WAS DECEASED EVER (YES, NO OR UNKNOWN) Yes	IN U.S. ARMED FORCES? [IF YES, GIVE WAR OR DATES] WW 2	166 SOCIAL SECURITY NO. 220-20-0488	Mrs. Ruth E.	Wolinski	^{RESS} 3401 Chapman Randallstown,	n Road MD. 21133
	18 CAUSE OF DEAT PART I, DEATH W	H (Enter only one couse per /AS CAUSED BY. IMMEDIATE CAUSE (o) C	line for (a), (b), and (c) ardiorespirato	ry arrest sec	ondary to	APPROXIN BETWEEN O	NATE INTERVAL NSET AND DEATH
	Conditions, if ony, gove rise to immore couse (a), static underlying cause	, which (b) At (b) At DUE TO, O	R AS A CONSEQUENCE OF UTOIMMUNE defi R AS A CONSEQUENCE OF			c pneumonia	
2	PART 2. OTHER SIGN		ONTRIBUTING TO DEATH BUT		AINAL DISEASE OR COT	20b. IF YES, WERE FINDIN IN CERTIFY ING CAUSES	GS USED
7		CAUSE OF DEATH HOUR A.	FINJURY M. MONTH DAY YEAR M. 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM 18 PART 1 OR PART 2)	
	OR CONTRIBUTING (IF EITHER NOTIFY MEDI	THE THOME STA	OF INJURY REET, FACTORY OFFICE FARM ETC.)	PIL LOCATION	CITY OR T	OWN COUNTY	STATE
	saw the decease above. (1 (we) (c	(this hospital) attended the dive an 1/27/8 did) (did not) view the body	86 19, ar		, to1/27 death occurred on the c	. 19 <u>86</u> , the date and hour and from the c	ouses stated
	276 SIGNATURE	3 Bale	'	DEGREE ATTENDING PHYSICIAN [MEDICAL STA		
	230 BURIAL CREMATION		122, NAME OF C			lto. Md 21204	

DHMH - 16 60M 7/84 (VRA 15, 4)

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(SPECIFY)

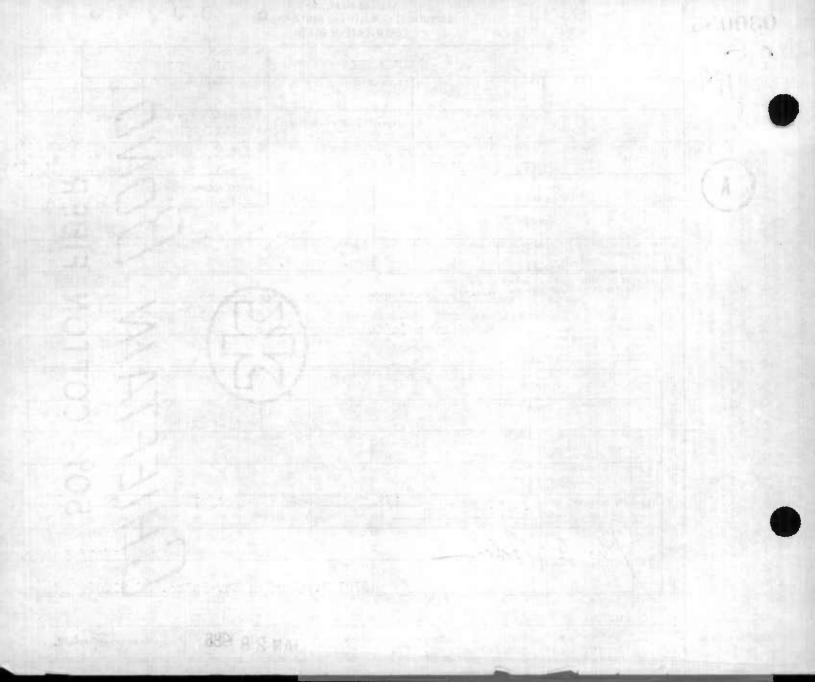
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RAPELOTING Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD. 21133

1/30/86

Woodlawn Woodlawn Cemetery

Baltimore Maryland JAN 28 1986



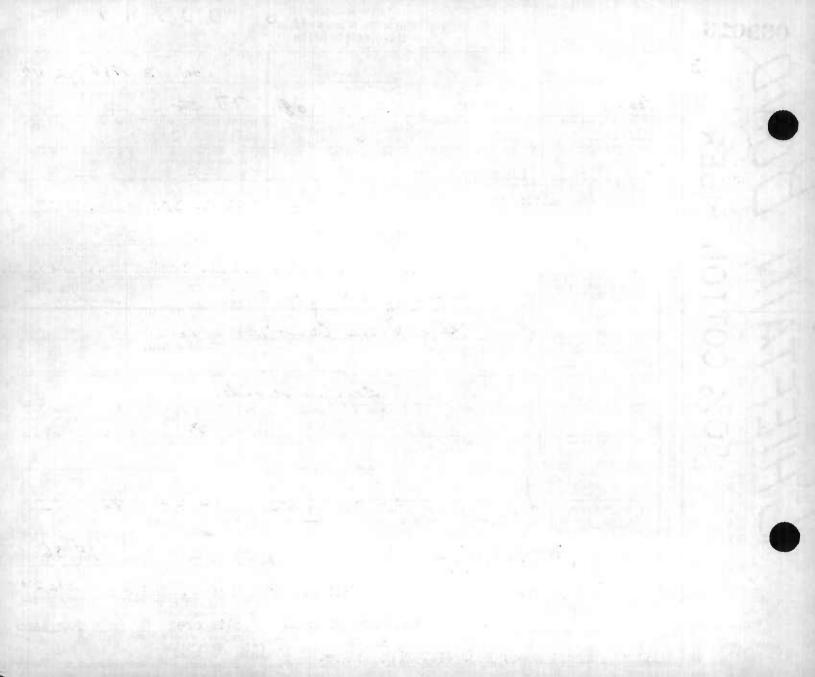
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) Alvin Wood Tracy OF ESTI-1-23-8619 SEX GE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY PRONOUNCED 1932 DEAD 53 Male White 13 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore County Maryland U.S.A. WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH I. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY 2553 Liberty Pkwy. Dundalk Machine Operator TelephoneCable USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Migr. 21222 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13a STATE Dundalk Maryland Baltimore NO 2 2553 Liberty Pkwy. Balto., Md. 15 MOTHER'S MAIDEN NAME MIDDLE Mabel Ruby Alvin Wood Tracy 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. **ADDRESS** DIVISION 213/30/2382 Juanita H. Wood (same as 13e.) Yes Navv- Korea 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Liver disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which alcoholism gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. 3 SHOULD BE USED AS A BURIAL DEPARTMENT OF HEALTH AND MI PRIOR TO BURIAL, CREMATION, DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES -216. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21L LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK X MARYLAND 220 I certify that I took charge of the remains described above, held an Autopsy Inspection EXECUTE THE CERTIFIC PAGE 4 SHOULD BE F TO FUNERAL DIRECTO AFTER DEATH, WITH THE BARTIMORE, MARYLAI Natural causes X death resulted from: Undetermined monner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNED 1-28-86 EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 234. NAME OF CEMETERY OR CREMATORY 23d LOCATION 1/29/1986 Green Mount Crematory Baltimore, Maryland Cremation 07/84 BP 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 25M 24 FUNERAL DIRECTOR **DHMH - 17** Walter Brooks Bradley Inc. Balto., Md. 21222 (VR A15 ME (5))



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009016	1	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYBIENE CERTIFICATE OF DEATH REG. NO.							
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moy pog er de	3. SE		4. RACE		ATE OF BIRTH		6 AGE (IN YEARS LAST BIR	(HDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
ge 4		FEMALE	WHITE		MONTH DAY	O 8	77 7	YRS MO	NIHS DATS	HOURS MIN.
a service	70° B1	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT C	OUNTRY? 8			9 BALTIMORE CITY O		FDEATH	
6 LEW 75		Maryland	USA		ARRIED NEVER	VORCED	Baltimore	County		MD.
	Ph.	TY OR TOWN OF DEATH	11. NAME OF HOSPITA			TITUTION	120 USUAL OCCUPATI		12b. KIND O	F BUSINESS OR
S GETTIXO		atonsville	Ridgeway	Manor			Homemaker	Oukirao En Cy		
de ho	13a S	AL RESIDENCE (IF NURSING HOME OF TATE	OR OTHER INSTITUTION GIVE RESIL	Y OR TOWN	13d INSIDE C	ITY LIMITS?	13e.STREET ADDRESS			3 = 41 ,
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ond oges		YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES				S CONTRACTOR			21229
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hysic paper		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS		101, (b, and 101.)	AVE	A-	0		BETWEEN	MATE INTERVAL
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by the same after a control of the c		underlying couse lost	DUE TO, OR AS A C	ONSEQUENCE	OF				138.3	
ned ned v. or y, or	-	PART 2 OTHER SIGNIFICANT		JTING TO DEAT	H BUT NOT RELATED	TO THE TERM	AJNAL DISEASE OR CON	DITION GIVEN	IN PART 1 c	3
A signal of the	CERTIFICATION				Serge		carden			
low requires been signermit. There we only injure to be	CAT	190 DATE OF OPERATION	196 CONDITION FO	OR WHICH OPER	RATION WAS PERFO	RMED	200 AUTOPSY?	20b. IF YES, V	WERE FINDIN	NGS USED
4 9 4 4 9 9	RTIF						YES NO	YES		NO 🗆
ZYSOTW		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		Y ONTH DAY	YEAR 216 HOW IN	JURY OCCUR	RED (ENTER NATURE OF INJUI	TY IN ITEM 18 PAR	1 1 OR PART 2)	
0 0 504 5	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	P.M.		19					
PHY this the bu	MED	21d INJURY OCCURRED	21e PLACE OF INJU		211 LOCATIO		CITY OR TO	WN	COUNTY	STATE
ING PHYSI r attending After this ce os the buri lith and Mer		AT WORK AT WORK						7		
END olo OR: J Neo Heo		22a.1 certify that (I) (this has		sed from	- 10-	19_5_6	2, to	, 19		that (I) (we) lost
R ATT hospit RECTC hed for tem 21	9	sow the deceased alive a	at wew the body alle de			(aut oblinion	death occurred on the de	ite and hour a		
0 8 0 80 7	C	April	un M/2.		DEGREE	ATTENDING	MEDICAL STAF	:F	22c. DATH	4/86
	1	224 PHYSICIAN STNAME ITHE	719X10	01	22e ADDRES	PHYSICIAN	DIRECTOR PHYSIC	IAN 🗌	1//	100.
RT He by		T.	1 1	-			1 1 1 71	0 11	0.0	21229
TO Horizon	22	Harry Knipp	m.D.	122			rederick Rd.	Suite	e_20_	ara /
D.D.		SURIAL, CREMATION, REMOVA			OF CEMETERY OR		23d LOCATION		COUNTY	STATE
BP	74 FI	JNERAL DIRECTOR	1-6-86	Balt	imore Nat		Baltimore Baltimore		D'E'EICNIAT	Maryland
DHMH - 16 60M 7/B4		NAME		ADDRESS	21229		14N 6 108	8	AK 3 SIGINAL	Sur I
(VRA 15, 4)		ubbard Funeral	Home, Inc.	410/ W1	ikens Ave	•	טרווי וטיוטי	U		



024044 1 - FOR STATE REGISTRAR STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REG. NO.	6			

	AL.						ILEO. 11	0.	£3			
11		CEASED NAME FIRST	MIDDLE	l l	AST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HO	UR	
7	(IIII)	MARY	7	,	ZACIZNIANT	100000		1	18 1986 4:30R M			
	3. SE:		J.	5. DATE C	ACKMAN		6. AGE LIN YEARS LAST BIR		IF UNDER 1 YEA		R 24 HRS 3	
	J. JL.	Control of the second of		MONTH	DAY	YEAR	O. AOL IN TERROTRON	indai)	MONTHS DAYS		MIN.	
	/	Female	White 9 9 1901 84					YRS	1 1 1		86	
7:		RTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT CO	OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED S 9 BALTIMORE CITY OR COUNTY								
1	P	ennsylvania	U.S.A.				DATTIMODE	COLBA	7757	my.		
1		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	WIDOWE		ORCED [BALT IMORE	-		OF BUSIN	MD.	
1	2	III OK IOWIN OF BEATH	(IF NOT IN SUCH FACILITY.		OTHER INSTI	TOTION	TYPE OF WORK FOR MOST O	OF WORKING L	FE) INDUSTR	Y	IESS OR	
1	LI	OWSON, MD/	GREATER BAL	TIMORE MEI	DICAL CH	NTER	Dental Lab	Tech	nnician			
20	UsU.	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESID	ENCE BEFORE ADMISSION)								
M		aryland 136 coun		ltimore	13d. INSIDE CIT	NO T	301 Murdo			12		
15		ATHER'S NAME	Du.	TCTMOTE	15 MOTHER'S			.K 1(06	14, 212	12		
(2)	77		MIDDLE	LAST		MAIDEN NAM	WIDDLE		- 1	AST		
70	1	Harry	Yackı	man	Ev	a			Kowal			
7		WAS DECEASED EVER IN U.S. AR		CIAL SECURITY NO	17 INFORMAN	T-2	ADDRE	SS	un I II.			
	Les I	YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES) 170	-09-4791	17 NO 17 INFORMANT Edward J. Chomko Funeral H							
	-				262 R	ailroa	d Ave., Scr	antor		8504		
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane cause per line far is	a), (b), and (c),					BETWEE	NONSET AN	DDEATH	
			E CAUSE (a) CARD	IAC ARREST		NO ISO						
			DUE TO OR AS A C	ONICE OF THE NICE OF								
	DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which (15) MITRAL STENOSIS											
		gave rise to immediate	(b) <u>F1.L.I.</u>	AL SIMOS	LD			-				
	cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last											
(c)												
		PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED T	O THE TERMI	NAL DISEASE OR CON	DITIONG	VEN IN PART	lta:		
	ŏ	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF IN CE YES NO 216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN 11EM										
1	AT	190 DATE OF OPERATION	196. CONDITION FO	TION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY?		S, WERE FIND			
//	풀						VEC CI NOCI		FYING CAUSE			
-	R.	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	,				NO YES NO D				
1		OR CONTRIBUTING CAUSE OF DEA		NTH DAY YEAR	ZIL HOW IN	UKT OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)			
1	3	(IF EITHER NOTIFY MEDICAL EXAMINER		19								
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJUR		21f LOCATION	N	CITY OR TO		COUNTY		STATE	
	Σ	WHILE NOT WHILE	(AT HOME STREET, FACTO	RY, OFFICE, FARM, ETC)	STREET		CITY OR TO	WN	COUNTY		STATE	
	1	AT I SHIT	order over the Laboratory	Tanus	2777 9	19.86	Tanuari	· 18	. 86		3535	
		22a. I certify that (I) (this haspit	Tantara 1	Q Q6	21 y /		to January		19_86_	, that (I)	last	
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		226. SIGNATURE	2 1		DEGREE	L-MINE	2 MARCH		22c. DAT	ESIGNED)	
48		Jonattien	dida			TENDING	MEDICAL STAI		11/1	DI	IPPL	
1	- 3	278 PHYSICIAN'S NAME (TYPEO	PRINI)		22e ADDRESS	TISICIAN L	DIRECTOR PHYSIC	IAN	11//	0/1	100	
						G						
		JONATHEN J. T	TYE M.D.		6/UL N.	CHARL	ES ST., TO	VSON,	MD 21	L204		
		BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CE	REMATORY	23d LOCATION					
		Burial	1-23-86	S+ 171	adimir'	C	Aldon Ti	17000	COUNTY		STATE	
	_	JNERAL DIRECTOR					Alden, Lu	25b REGIS	TRAR'S SIGNA	TURF		
4	Ru	ck Towson Funer	al Home T	ADDA 1050 Yor	K Rd.			2.30				
	- 10	Town Interest	ar nome, In	c. Towson,	Md.2120	4 49000	E Co 12000 7	ANNE PORC	ary water or any	509 1	4	

DHMH - 16 60M 7/8 (VRA 15, 4)

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IMPORTANT: If Item 21 is marked ar Item 18 shaws any injury, ar other traumatic event, the

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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	REGISTRAR				CERTIF	ICATE OF DEATH	R	EG. NO.			-9	
	CEASED NAME	FIRST	A	AIDDLE	-	AST	2a. DATE OF DE	ATH M	DA HIMO	Y YEAR	2h HOUR	
LIVE	PE OR PRINT)	RY	VES'	TA	ZAISE	R	DANUARY	26.	1986		5:00	Рм
3 SE	Х		4 RACE		5 DATE C	OF BIRTH	6 AGE TINYEARS		AY) IF	UNDER I YEAR	IF UNDER 2	
	FEMALE		WHITE		FEBRL	JARY 17, 1927	5B		YRS	DATS	HOURS	M IN.
7a B	IRTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE	ITY OR	COUNTY	FDEATH		
	MARYLAND		U.S.A		WIDOW		BALTIM	ORE	COUNT	Υ .		MD.
10 C	TITY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCC	UPATIO	4	12b. KIND OI	BUSINES	SOR
	CATONSVILL	Ε		IDEN CHOI		NE	ADMIN. A			C. C.	COLL	FGF
USU 13a	STATE	NG HOME OF		GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?	13e STREET ADD					
	MARYLAND		TIMORE	CATONSV		YES NO	110 MAI	DEN	CHOIC	E LANE	212	28
14 F.	ATHER'S NAME		MIDDLE	IZAL		15. MOTHER'S MAIDEN NA	_	DDLE		(AC)		72.1
	Irving		Gardner	Sparhav	vk	Mary	741	DOTE		Mil	ler	
	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS		21	228	
	NO	Tir its On	t war Or Dales)	217-20-7	070	GEORGE RUSSE	LL ZAISE	R 11	O MAI	DEN CH	DICE	LAN
	18 CAUSE OF DEATH	H (Enter or	ly one couse per	line for loy (b), one	1 (c.)		10	,	11		MATE INTERV	
	PART I. DEATH W		D BY: TE CAUSE (o)	Metasto	tic	Caronoma	to Is wel	n		1400	~	
	1.5		DUE TO, OI	R AS A CONSEQUE	NCE OF	d an	1			0		
11	Conditions, if any,		(b)_	Carcin	iom	a of Breez	T			1 46	22	
	gove rise to imm		DUE TO OI	R AS A CONSEQUE	NCF OF	P				0		
	underlying couse	lost.	(c)									
	PART 2 OTHER SIGN	IFICANT (CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF	CONDI	TION GIVE	V IN PART 110		
CERTIFICATION					1 -							
CAI	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS			WERE FINDIN		12
RTIF									YES		NO 🗌	
	OR CONTRIBUTING		216. TIME O	FINJURY M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY	NITEM 18 PAR	1 T OR PART 2)		
CAL	(IF EITHER NOTIFY MEDIC		1111		19							
MEDICAL	21d. INJURY OCCURR		71e PLACE O	OF INJURY	ARM. ETC)	211 LOCATION STREET	CF	Y OR TOWN		COUNTY	STA	ATE.
2	AT WORK NOT WH	ILE				11/2		1		00		
	220.1 certify that (I)		-	deceosed from	71	10/6 19 81		126		06	hot (I) (we	e) lost
	saw the decease	d alive an	t) view the both	ofter death.	9 . 00	nd that in (my) (our) opinion	death occurred or	the dote	ond hour	and from the c	ouses state	ed
	22h SIGNATURE	M.	.06			DEGREE				22c. DATE S	IGNED	
	/wwo	100	LIVA	10		ATTENDING	MEDICAL DIRECTOR	STAFF	N			
	THE PHYSICIAN'S NA	WE THERE	MANAMIN.			22e ADDRESS						
		-MA	NO M	ILLER 1	no.	1047 INGLE	SIDE AVE	NUE	Bal	timore.	MD.	
	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d LOCATIO	N				.,
	BURIAL		1/29/8			Park Cemetery			e	COUNTY	MD.	rif.
24 F	ELECTOR .	Russe			eral	Homes P. A ?50 DAT	E REC'D. BY REGI	STRAR 25	B REGISTRA	AR'S SIGNATI	JRE	
1	630 Edmond	osn A	venue.	Catonsvil	le. M	D. 21228	AN 29 19	386	PHIN	of 1 months	Moules	The

DHMH - 16 60M 7/84 (VRA 15, 4)

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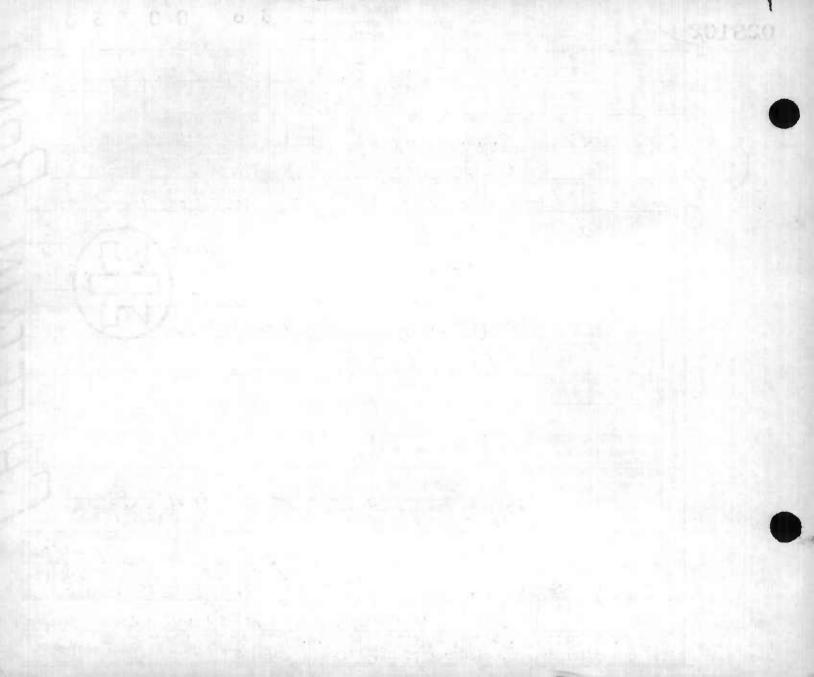
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STATE OF MARYLAND	0
DEPARTMENT OF HEALTH AND MENTAL	HYGTENE
CERTIFICATE OF DEATH	

0 7 5 3

028102	1	FOR STATE REGISTRAR		DEPARTM	CERTIF	EALTH AND MENTAL HYG	REG. NO) U /	5	3
3.7		EASED NAME FIRST		MIDDLE	4	AST		MONTH DAY	YEAR	7b HOUR
of the pe	(I YPE	OR PRINTS - MICHA	EL	ZAVO	DVNA	SR.	January	21, 198	36	3AM
A OE	3. SE		4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRT		NDER 1 YEAR	IF UNDER 24 HRS
4 94	Mo	ile	Whit	0	Oct	ober 10. 1892	93	YRS	HS DAYS	HOURS MIN,
	$\overline{}$	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH	
to off	C	echoslovakia	11.	S.A.	WIDOWE		Balt	imore Co	untu	MD
5 61 69 W		TY OR TOWN OF DEATH			G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATE	ON I	76. KIND OI	BUSINESS OR
yo Carry	Co	itonsville	112 D	elrey Aver	iue		Plater		NOUSTRY Vestiv	ighouse
no.	U5U/	AL RESIDENCE (IF NURSING HOME OF TATE	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	113d INSIDE CITY LIMITS?	13e STREET ADDRESS			
22			imore	Catonsv		YES NO X	112 Delre		enue	21228
1 12 /1/2/		THER'S NAME	MIDDLE	1221		15 MOTHER'S MAIDEN NAM				
p		Michael	MIDDLE	Zavoyna		Mary	MIDDLE		(unk	enown)
ecut		VAS DECEASED EVER IN U.S. AL	MED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMANT	12226	Carroll	Mill	Road
Page ex		No	AE MAK ON DATES)	068-09-2	169	Michael Zavo		ott City		
ote h		IS CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	nly one couse pe	er line for (a) (b), and	lic 1	1	1_			MATE INTERVAL
de porto			TE CAUSE (o)	(1) (ar.	-dia	pre (monary	por 621			
th ce corll , or I			DUE TO, C	OR AS A CONSEQUE	NCE OF	1 +	A-1-	1		
deo		Conditions, if any, which	(b)_	(2) Afte	10 SC	devolu no	earl and	256		
the rem		couse (a), stating the underlying couse lost	DUE TO,	RASA CONSEQUE	NCE OF	4 =				
tho sed by least			(c)_	3)	01.					
signe hen p to bury,	N	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN I	IN PART 110	
been rmit. T	CERTIFICATION	190 DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20h IF YES, WE		
hos hos peri	TIFIC	The state of the s				YES NO YES NO NO				
ysicing ysicing with Hyging 8 sh	CER	710. ACCIDENT WAS UNDERLYING		OF INJURY	V VEAR	716 HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1	OR PART 2)	
CIAI British Clarification of the collection of	AL	OR CONTRIBUTING CAUSE OF DE	~	l.m. month da p.m.	Y YEAR					
HYSI nding his ce buril	MEDICAL	21d. INJURY OCCURRED	71e PLACE	OF INJURY		711 LOCATION	CITY OR TO	WN	FOUNTY	STATE
IG P offer ter the s the n one	×	AT WORK NOT WHILE	(AT HOME 5	TREET FACTORY, OFFICE F	ARM, ETC.)	SINCE	- 1	, ,	- /	3,14.4
A At S At		27a.1 certify that (I) (this hosp			7:	7 19 85		19.1	16	hot (I) (we) lost
prior porto of H		saw the deceased plive or obove, (1) (we) (did) (did p	of view the bod	y after death.	25.01	nd that in (my) (our) opinion o	death occurred on the do	te and hour one	d from the o	ouses stated
OR A those ched Sept Hem	24	77% SIGNATURE	1 11			DEGREE		3	HC DATE	IGNED /
TAL CAL E	- 5	1)/1	10	my 5		ATTENDING PHYSICIAN	MEDICAL STAF	IAN	1/	-1/86
HOSPITAL ned by the FUNERAL old be det to the State ORTANT:	1.5	274 PHYSICIAN'S NAME THE				27e ADDRESS West	triew Mall		Balt	imore,
TO HOSPIT. TO FUNER should be dwith the Sto		Marcelino Alb	urne M			5772 Baltin	ore, Nation	ral Pike	Mary	land
T 2 2 2 2	73a E	URIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	cc	DUNTY	STATE
BP	1	Burial	1/23/	86 La	ike V.	iew Memorial I	Park Sykesi	ville Ca	irroll	Marylan
DHMH - 16 60M 7/B4		THEOLOMECT & RUSSE				Homes P.A. 250 DATI	ANI O A NUNCH	756 REGISTRAR	'S SIGNATI	Jande 102
(VRA 15, 4)	16	30 Edmondson A	venue, C	atonsville	e, MD	. 21228 J	AN 24 1986		1,46001	1 11-2-2



STATE OF MARYLAND

1		was no						
0	0	1	3	4				

1.	- STATE REGISTRAR		our and	CERTIF	ICATE OF DEATH	REG. NO	D.	1 3		
	CEASED NAME FIRST	FIRST MIDDLE		LAST		20. DATE OF DEATH	MONIH	DAY YEAR	2h HOUR	
1		INNIE	NIE		EIGEL	JANUARY 22, 1986		86	5 A. M	
3 SE	X	4 RACE	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR	'HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS.	
	FEMALE	CAUC	CAUCASIAN		RCH 5, 1894	91	YRS	MONTHS DATS	HOURS MIN.	
70 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WH			WHAT COUNTRY?	Y? 8 MARRIED NEVER MARRIED		9 BALTIMORE CITY OR COUNTY OF DEATH				
LATVIA		U.S.	U.S.A.		DIVORCED [BALTIMORE COUNTY				
1	ANDALLSTOWN	(IF NOT IN SUC	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY GIVE STREET, BALTO COUNTY G			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY AT HOME				
SUAL RESIDENCE (IF NURSING MOME OF OTHER INSTITUTION IS NOT THE TOTAL INSTITUTION IN THE PROPERTY IN THE PROPE				ADMISSION)	134. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 3609 FORDS LANE 21215				
4 FATHER'S NAME FIRST MIDDLE			15 MOTHER'S MAIDEN NA			WIDDLE		145		
1	KALMAN		PEIRO		BAILA	MIDDLE		SINGER	REVITCH	
WAS DECEASED EVER IN U.S. ARMED FORCES			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS	14.		
	NO	GIVE WAR OR DATES)	219-32-	1199	LEONARD JEI	1 SLADE AV	E. 21	.208		
NOI	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUE Conditions, if ony, which gove rise to immediate couse (o), stohing the DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE			ence of AJOVA.		Infarition		SETWEEN S	APPROXIMATE INTERVAL BETWEEN CONSEY AND DEATH I G GALLY TO YEAR	
	underlying cause lost	(-)_								
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a									
	Dialite								75/25 A	
CERTIFICATION	196 DATE OF OPERATION 198 CONDITION FOR WHICH			OPERATION WAS PERFORMED		200 AUTOPSY?	IN CERTI	S, WERE FINDIN FYING CAUSES ES [7]		
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19						PART I OR PART 2)			
	21d INJURY OCCURRED	21e. PLACE	OF INJURY	ARM ETC.) 21f LOCATION STREET		CITY OR TO	VN	COUNTY	STATE	
	AT WORK NOT WHILE AT WORK				7	172.170				
	22a certify that (I) (this hospital) ottended the deceased from 19 to									
	22b. SIGNATURE	my/ Ke	KM)		DEGREE ATTENDING PHYSICIAN (MEDICAL STAP		22c. DATE :	SIGNED 196	
	22d. PHYSICIAN'S NAME ITY	PEORPRINTI 1 SHEAR	Mh		22e ADDRESS 6715	PARIC HE	LIT	1		

should be detach with the State De

DIVISION OF VITAL RECORDS, 201

DHMH - 16 60M 7/84 (VRA 15, 4)

236 BURIAL, CREMATION, REMOVAL 236 DATE BURIAL 1/43 /86 SHAAREI TFILOH CEM

23d LOCATION BALTTMORE

MARYLAND

SOL LEVINSON & BROS., INC. 24 FUNERAL DIRECTOR

250. DATE REC D BYREGISTRAP 256 REGISTRAR'S SIGNATURE

6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215

